THE MEDICAL BULLETIN.

A MONTHLY JOURNAL

OF

MEDICINE AND SURGERY.

BOSTON MEDICAL LIBRARY ASS'N
FEB 8 1890

EDITED BY
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VOLUME XI. 1889.

F. A. DAVIS, PUBLISHER,
PHILADELPHIA AND LONDON.

FOREIGN AGENCIES:
LONDON—S. C. Naley, Manager, 139-143 Oxford Street, W.
PARIS—Adrien De la Haye & Emile Le Crosnier, 23 Place de L'Ecole de Medecine.
VIENNA—Josef Safar, VIII Schlosselgasse, 24.
SYDNEY, AUSTRALIA—Oceanic Publishing Company, 191 Clarence Street.

CATALOGUED,
E. H. B.
2/18/90.

1613

BOSTON MEDICAL LIBRARY ASS'N. FEB 8 1890

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VOL. XI. PHILADELPHIA, JANUARY, 1889. No. 1.

ORIGINAL COMMUNICATIONS.

FOOD AND ITS DIGESTION.

BY WILLIAM B. DEWEES, A.M., M.D.,

OF SALINA, KANSAS.

True it is, quoth the belly,
That I receive the general food at first,
Which you do live upon; and fit it is,
Because I am the store-house and the shop
Of the whole body: but, if you remember,
I send it through the rivers of your blood,
Even to the Court, the heart—to the seat o' the brain;
And through the cranks and offices of man,
The strongest nerves and small inferior veins,
From me receive that competency
Whereby they live.

SHAKESPEARE: *Coriolanus, Act 1, Scene 1.*

HIPPOCRATES asserted that "accurate observation of facts, and correct generalization from them, forms the only rational basis of medicine," and so we are taught today.

Man is endowed with motion, sensation, and thought These are dependent on some internal or inherent principle and also on various external agents, all of which, being in their normal relation and action, constitute perfect animal life.

When we contemplate this life we are confronted, first and foremost, with its principal characteristic, viz.: motion; and when we take a further view we must perceive the self-evident manifestation that this motion and its laws must necessarily tend to waste the machine in which they reside.

It becomes essential, therefore, to the exist ence of the living body of man that he be provided with the necessary means to counteract his tendency to decay. To effect this, he is furnished with an apparatus which prepares new materials to supply the waste of the old, and these the beneficent hand of Nature has plentifully diffused over every part of the globe. Lest he should neglect them, he is furnished with faithful sentinels which seldom fail to admonish him of the exigencies of the system, and his life would be endangered were those admonitions but feeble and temporary. Thus we have hunger and thirst, the strongest and most impatient of all sensations, and the gratification of them is accompanied by the most exquisite bodily comfort.

The substances which gratify those impatient sensations, by supplying this waste and growth of the system and the changes they undergo previous to their entering the circulatory mass —the blood—may be properly denominated as the nutrients and their digestion.

NUTRIENTS—SUBSTANCES USED AS FOOD.

By the nutrients, or substances used as food, are meant such substances as, taken into the system, are suited to supply its growth and the waste of its solid and fluid parts. The articles taken as aliment by man comprehend an immense variety of substances in the organic and inorganic kingdoms—chiefly animals and vegetables in the organic, and water, air, and light in the inorganic. It has been, however, a disputed question whether his natural food be confined to animals or vegetables, or whether he be carnivorous or phytivorous. The assertion laid down by Dr. Cullen was "That all animal matter is derived from a vegetable origin, because all animals feed directly or entirely on vegetables or upon other animals that do so; hence the principle of nutrientia refers to vegetables."

Science, however, to day recognizes man as being both, or an animal "ad omnia"—omnivorous—which seems clearly evinced by his instinctive appetites, which urge him to use them promiscuously in whatever clime he may be situated or roam.

It is not the scope of this paper to enumerate the variety of articles taken by man as food, but only an attempt to point out in a concise manner the principles on which their alimentary or nutritious property depends.

The grand division of Liebig stands good yet as a broad law—as the cardinal fact to be grasped:—

"Hydrocarbonaceous matter may be termed 'fuel-food;' albuminoids are 'tissue-food.'"

ORGANIC.

- Hydrocarbonaceous or "fuel-food."
  - Sugar — *The Saccharine Group* embraces substances composed of oxygen, hydrogen, and carbon, resembling sugar in composition, and readily convertible into it.
  - Fat — *The Oleaginous Group* has a great preponderance of hydrogen and carbon, small proportion oxygen, and absence of nitrogen.
- Nitrogenized or "tissue-food."
  - Albuminoids — *The Albuminous Group* contains a large proportion of nitrogen, comprising animal and vegetable substances allied in chemical composition to albumen and animal tissue.

INORGANIC.

Water, air, light, and some minerals.

Sugar.—The saccharine substances taken as food do not directly form part of any animal tissue, but are decomposed in their passage through the circulation and are thus employed in some unknown way in nutrition. Many proofs might be adduced to prove this one of the nutrients; even our instinctive appetites when children urge us to relish this in preference to every other article of food. It is a well-known fact that the negroes in the West Indies, when preparing this article from the cane, live almost entirely on it and become quite fat at this season. Many are the instances reported of crews of ships subsisting on their cargoes of sugar when their provisions have become expended. It is as saccharine matter that the carbohydrates—excepting fats—in the normal course (which is more fully described under digestion of starch) reach the circulation from the primæ viæ through the portal system of vessels to the liver, where it is detained and subjected to metamorphosis—which is the first step in the assimilation of sugar. Its susceptibility of undergoing conversion into fat has been shown by Boussingault, Pavy, and others.

Fat.—This includes vegetable oils and animal fats. It enters into almost all our aliments and composes part of the daily food of all nations. Its universal use clearly evinces its nutritive property. Fat undergoes no change beyond emulsification (described more fully under digestion), it reaches the circulation, from the primæ viæ, through the lacteals, or secundæ viæ, into the receptaculum chyli, thence through the thoracic duct, which has its embouchure at the posterior part of the left subclavian vein, near the angle of junction of left internal jugular. As these two articles—sugar and fat—supply the necessary hydrocarbon for the rapidly living, wasting, and growing organism, and compose the principle of nourishment in most of the substances we use as food, plethora and serious consequences would result from taking them in any considerable quantity when in their pure state. But these are obviated through Nature's faithful sentinel—sensation—by the stomach kindly becoming satiated when they are taken in but small quantity, and almost uniformly rejecting them when taken in excess. Thus, we have

"Things sweet to taste prove in digestion sour."

Albuminoids.—The articles of the albuminous group serve not only for nutrition, but for the maintenance of heat by their decomposition. These are complex bodies, whose characteristic is that they all contain nitrogen. Hence they are more properly called nitrogenized.

To distinguish more distinctly between the staple elements of our food, hydrocarbonaceous matter may be termed "fuel food" and albuminoids "tissue food" (after Liebig).

Nitrogen interferes with oxidation, so nitrogenized matters are the constituents of tissues. If tissues were not nitrogenized they would burn equally readily with "fuel-food."

This would be as inconvenient with the body as it would be in a locomotive if the iron-work burned as readily as did the coals carried in the tender and gradually added to the fire under the boiler. The iron-work rusts by oxidation and the tissues wear out by oxidation, but in each case it is a slow process, which contrasts with the quick combustion to which we apply the term "burning."

I repeat, then, nitrogenized foods are tissue-foods, spoken of generically as "albuminoids."

These are egg-albumen; the tissue of animals of all kinds, especially the red flesh or

muscles; casein—animal as in milk, or as the casein of the legumes or pea tribe.

Egg-albumen furnishes the tissues of the embryo fish, reptile, or chick, as the case may be, while from milk casein the suckling mammal feeds its growing tissues. From the albumen of seeds the tissue of the embryo plant is formed. Nitrogenous matters in excess may also serve as a source of fat.

Water.—This, in a very great measure, supplies the waste and growth of the organism. It does not only supply the waste of the fluids, as is so generally supposed, but it also goes to form the solids.

Physiology (Dalton) teaches that the average healthy adult man takes about two thousand five hundred and fifty grammes, or five pounds two ounces, avoirdupois, of food (including drink) daily. Of this amount four pounds one ounce is water and one pound one ounce anhydrous solids. The blood, in health, consists of about 79 per cent. water, or just about the same proportion as the food, and as water is the solvent, and carries all the material necessary both for supply and waste, its volume must be kept nearly constant in the economy.

Air.—By virtue of its oxygen, air is a nutrient paramount. As oxygen enters into the system and becomes fixed, thereby supplying a waste that constantly takes place, it, therefore, properly comes under our definition of nutrients. The intimate connection of life with a constant supply of oxygen gas and the air—Nature's grand medium of supplying the same—is fully established Hence air—oxygen—is the least to be dispensed with of any and all of the nutrients.

Light.—Animal as well as vegetable life exists but in an inferior degree when deprived of light. That life may continue, however, without it the unhappy subjects of tyrants have too often witnessed; but as animals do not attain to their full growth and vigor when deprived of light, it deserves a place here. The experiments of Newton prove light to be material and divisible; but whether, as a matter, it enters into the system we can not say; we are, therefore, doubtful whether to consider it strictly as one of the nutrients, or whether it might not, with more propriety, be looked upon as manifesting its beneficial nutrient effects by its mere presence—*force catalytique.*

Having thus considered the nutrientia, we now proceed to examine the processes these undergo previous to their entering the circulatory mass—the blood.

(*To be continued.*)

IS THE RECOGNIZED TREATMENT OF CHANCROIDS FOLLOWED BY THE BEST RESULTS?

By J. A. DeARMOND, M.D.,
LE CLAIRE, IOWA.

IT is a pretty generally understood and taught principle in surgery to cauterize or destroy suspected sores on the genital organs. Such sores following suspicious intercourse are always to be so treated. Such a course is in the same line of argument as surgeons used to follow in the local treatment of diphtheria. It is not so very long ago that it was regarded as very essential to the successful treatment of that disease that the membrane found in the fauces which could be reached should be destroyed by some agent that would act as a powerful cautery, and whose touch was death to organized matter. Now nobody who is abreast of the times would think of treating a diphtheritic throat in that manner. It has been found that antiseptic local applications do more good and less harm. But before going further I will relate two cases apropos of this subject:—

A few months since a young follower of Blackstone came to me from a neighboring city in quest of surgical treatment. Some days previous to his visit to me he had had suspicious connection during a night out. I found he had a fair case of gonorrhœa, and also balanitis, and back of the corona there was considerable surface denuded, with some swelling and a good deal of tenderness. A mild wash and the use of absorbent cotton, wet in an antiseptic and astringent solution, frequently changed, constituted the local treatment. In a short time the balanitis all disappeared except a couple of denuded spots just back of the corona, which were slow to heal. They were not ulcer-like, but the spots were denuded and tender. When the treatment had reached this point my patient, while in conversation with a medical man, exhibited his organ, and was assured by him that he had chancroids, and they ought to be burnt. I need hardly add

that the case passed out of my hands then and there, and the two or three denuded spots were given a fine application of nitric acid; at the same time protiodide of mercury was put on the bill of fare. The patient fully believed he had a case of pox, and an engagement of marriage was broken off for some trivial reason, but really because he determined that he would get all the pox out of his system before he became the head of a family. I need hardly add that the patient is still a bachelor, and at last accounts he was investigating patent nostrums in order to, if possible, root out the pox that he believes is ever and anon breaking out in pimples and the small blotches that come from ulcerated comedones, etc.

One more case: A traveling man while in Chicago went out with kindred spirits, and when he returned it was to regret the trip. Immediately after the suspicious connection the head of the penis became swollen, tender, and was denuded in a number of places, this condition being very likely the result of violence in the sexual act. Beçoming alarmed, he went to a physician after a few days, and the denuded spots presenting a very angry-looking appearance, the physician advised touching the sore spots with caustic for safety. The cauterization made the penis very sore, and in a few days the commercial tourist came to me with a very tender organ. The fact that he now had a couple of very sore spots satisfied him that his was a genuine case of pox, and no amount of argument by me changed his opinion. As soon as he recovered from the local trouble he went to Hot Springs, Arkansas. Since then he has taken quarts of "dope," and is at it yet, for aught I know. Here is a man, clean, honorable, and a good citizen. In a moment of weakness he lost his grip. He turns up a sadder man. He hurries to a physician, who takes the safer plan, and treats the sore for what it may be at the worst. He burns those little spots into big, sore ones. The sores get well and the patient is well, but he now takes the simple doubt the doctor took, and he never gives it up. He's a changed man. In all the years left to him he never finds a sore spot on his body, his hair never drops out, a boil never finds lodgment in his system, but his mind is racked; that fear is always in view, and yet always out of reach, that it is the old disease taking a fresh start. He changes doctors, is filled up with mercury and iodide of potash, off and on, all the time. He takes bottles and bottles of patent stuff, ever hoping that the disease is cured, and yet believing it is not. If his ears are gladdened by the cry of a new babe in his household, he is afraid his sin may manifest itself in the innocent prattler, whose smile, even, is no antidote to the care that hounds him, and will hound him until he finds rest at last in that kindest of all mothers—earth.

Here are two men, and they are only the types of thousands whose lives are made failures, and for what? Is there any reason for it? The chances are a thousand to one that neither had the disease, and yet both were treated as though they had it, and if the chance the doctors thought best of taking did not decide the patients, the treatment was energetic enough to do so. How common it is for patients to tell a doctor in an aside when being treated for almost anything that there is some pox in their anatomy. These patients relate their doubts with a candor that is almost pathetic in its earnestness, and yet how seldom comparatively do we see the ravages of pox outside of hospitals and broken down roués.

In diphtheria we treat the local disease to prevent or limit systemic infection. If there is evidence when we are called that the system has become charged with the poison, we do not desist from making local applications, for we know that absorption of putrefactive membrane will take place if we do not make them. But we do not suppose that by applying caustics any good will be done, or, at least, not in comparison with what can be done by the use of antiseptic solvents of membrane which will not injure sound tissues. It is most certainly true that the same reasons will apply in the treatment of chancroids. If there is systemic infection, severe applications can do no good, and if there is not there cannot be any good accomplished by using them, since any antiseptic membrane solvent will do all that can be done in the way. Dr. Agnew used to say of adhesive strips over a broken nose that "they simply advertised the calamity and had no effect on the deformity." So it is with powerfully destructive applications to chancroids. They make sores and do not have a curative action on the original ones.

Bumstead recommends the use of a destructive cautery only in the early stages of the sore. Anything that will change the nature of the

sore will do the work, and powerful caustics are neither necessary nor indispensable. That painful, slow healing sores, and very frequently buboes, are the result of the caustic treatment cannot be denied. That much suffering, both mental and bodily, would be saved were the treatment more in accord with the dictates of common sense rather than the routine of antiquated notions, appears plain to me. In the peroxide of hydrogen, or any one of the class of antiseptic membrane-dissolving substances, may be found a remedy that would change the character of the sore and destroy the vitality of the poison should any be present, and thereby effect a result that has been attained heretofore principally through an amount of suffering that is appalling to contemplate. The same end would be reached and by a much safer treatment, and quite as effective.

DIRECT DOTS ON DIAGNOSIS.

By WM. R. LOWMAN, M.D.,

ORANGEBURG, S. C.

TO correctly diagnose certain morbid conditions or retrograde metamorphoses a physician must have clear knowledge of a certain amount of physiology, anatomy, and pathology. Of these cardinals the most essential, practically, is our physiological acquirements. By symptomatology alone disease cannot be absolutely determined—though to a great degree we must be guided by signs which show but functional derangement. All that we can ascertain by our special senses alone and by the aid of instruments is determinate. A single symptom may be the exponent of various conditions, therefore not distinctive of any particular lesion or condition. We have a cough. Where is the point of irritation from whence the sentient impulse arises? What and where is the lesion? We merely know that the irritation has taken place somewhere, at some point, within the distribution of the pneumogastric nerve. We have symptoms in groups common to certain classes of disease. This makes difficulty in the differentiation of fevers in the incipient or first stages. A patient with heart-disease or consumption often first consults physicians for some gastric derangement, as the heart may become functionally irregular from dyspepsia. We may have a cough from a gall-stone, and continuous coughing may set up chronic bronchitis, thus obscuring our diagnostic horoscopes. All these things being considered, one thing remains which is often neglected, *i.e.*, thorough examination—a study of each case, and by some system.

NOTES ON THE PULSE.

C = 100. Study pulse carefully. May range normally from 50 to 100. Napoleon's is said to have been 60. Male usually 72 per minute; female, 76. Increase per 1° rise temp. 10 beats per minute. The pulse may be *quick* in stroke yet in beats *slow* or *infrequent; full, round*, and *large; empty, small*, or *thread-like; strong* or *weak* in impulse; *hard*, whip-cord, or *soft*, compressible; *wiry*, like wire striking the finger; *irregular*, fast and slow alternately; *intermittent*, one or more beats lost; *dicrotic*, double-stroked; *asynchronous*.

Normal pulse in sphygmographic curves.

Full and *strong* in inflammatory fevers and hypertrophy of heart.

Slow, hard, and *strong* pulse of laborer, boxer, etc.

Slow, strained, and *strong* pulse of meningeal derangement, but not a sign in the powerful.

Frequent in pregnacy.

Slow few hours after labor.

Weak and *slow* in dilatation of heart.

Very frequent in some specific fevers; sometimes from weakness, as in diphtheria, therefore stimulants will often bring down.

Quick and sometimes *hard* and *sharp* in abdominal or rheumatic inflammations.

Frequent, hard, sharp, and *wiry* in gastric or inflammation of any organ below the diaphragm.

Small, soft, and *quick* in aortic stenosis or dilatation of veins.

Small and *slow*, extreme debility.

Irregular, and often *quick*, latter stages of pericarditis.

Irregular, often only sign of endocarditis.

Intermittent, angina pectoris, cardiac, and brain diseases, but sometimes normal.

Dicrotic, grave, approaching dissolution.

Small and *irregular*, mitral affections.

High and *fast*, aortic insufficiency.

Tardy, senile.

Asynchronous pulses from asynchronous contraction of sides of heart, double sound but no double wave for each, symmetrical. Unilateral is diagnostic of aneurism.

NOTES ON THE TONGUE.

Always examine the tongue—the patient expects it, and it is ofttimes a good index. If of a smooth, pale, pinkish, moist, and elastic, resistive appearance all is well. As has been pointed out, if it is furred and of a dull, whitish hue, there is either in the organ itself "a congested or hyperacid condition" or asthenic condition of system with a local or other cause in proximity; but if redness, with fur, there is a *hyperalkaline* or inflammatory state.

Fur indicates epithelialization, a hyperproduction, or non-removal by friction, as in fever. We have increased circulation and lack of attrition by want of appetite and consequent absence of mastication. Infants' tongues are white at the back part from lack of attrition.

White furred denotes non-attrition, oral inflammation, croup, pneumonia, measles, etc.

Yellow furred indicates hepatic derangement with retention of bile, fevers, etc.

Red, *long*, and *pointed* shows inflammation of stomach, bowels, etc., diarrhœa, etc.

Very red in scarlet fever (infant's strawberry), chronic diarrhœa.

Clean or *slightly* coated in yellow fever.

Dry, *cracked*, *scaly*, and *brown* is seen in the latter stages of a long-continued specific fever, like typhoid, or in rapid specific fever of high grade, as typhus.

Ridges, *fissures*, or *sulci* characterize the hepatic disorders so common to the South and malarial regions.

Cracked edges, derangement of kidney.

Red, *pointed*, and *dry* denotes nerve irritation.

Broad and *porous* denotes imperfect elimination and muscular weakness.

Flabby and *full* denotes blood poverty and debility.

Dry in high temperature, profuse diaphoresis, diarrhœa, or other exhausting discharges.

Coated and *yellow* in cancer of stomach.

Clean and *reddish* in ulcer of stomach.

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☞Would be pleased if my professional brethren would observe these notes in practice and see whether they are correct or not.

Dr. Homer O. Hitchcock, of Kalamazoo, Mich., died on December 8. He was born in 1827. He was graduated from the College of Physicians and Surgeons of New York in 1855.

STRICTURE OF THE URETHRA.

By W. A. PROCTER, M. D.,
HOMER, KY.

THIS condition may be defined to be any interference with the passage of urine along the urethra from the bladder, or it may be defined as a narrowing of the urethral canal due either to an inflammatory process or muscular contraction. Strictures are divided into two general classes, temporary or spasmodic, permanent or organic. Temporary or spasmodic strictures are caused from spasmodic contraction of any part of the urethra, which is due to some impression made upon the sentient nerve fibres, conveyed to a nerve centre, and returned through motor nerves to voluntary or involuntary muscles. There are various conditions which may render such an impression liable to be transmitted through the nervous system and bring about a spasmodic stricture of the urethra, the most important of which are the following: catheterization, free use of alcoholic stimulants, irritation about the rectum caused from the presence of ascarides and tapeworm, hemorrhoids, fissure of the anus, fecal accumulations, surgical operations upon this part, immoderate sexual intercourse, disordered digestion, mental emotion, exposure to sudden changes in the atmosphere, etc. Fortunately, these strictures are of short duration, appear suddenly, and disappear suddenly when they are uncomplicated; but that is rarely the case; they generally appear coincidently with the organic variety. The next general class is known as the permanent or organic strictures. This class differs from the spasmodic by being of a constant calibre and can only be slowly and gradually dilated, while the spasmodic is subject to sudden variations. Organic strictures may be caused from chronic urethritis, which results in the deposition of plastic material, and upon the organization of which contraction takes place, causing permanent narrowing of the urethral canal, or it may be caused from traumatism. Drs. Gross and Bumstead seem to think that masturbation is sometimes the cause of this trouble. The location of organic stricture is generally in the sub-pubic curvature. Of three hundred and twenty specimens examined by Sir Henry Thompson 67 per cent. were in this location and 33 per cent. were in the spongy portion of the urethra. The number of strictures in one sub-

ject may vary from one to ten, generally not more than one, however; very seldom more than three or four. Dr. Thompson says, out of two hundred and sixty-seven preparations he found single stricture in two hundred and twenty-six. Very often we have a spasmodic stricture accompanying organic stricture, the former only being symptomatic of the latter. The degree of contraction in organic stricture is never sufficient to produce complete obliteration of the urethral canal, unless the obstruction be of traumatic origin. The pathological anatomy of urethral stricture can easily be determined from the condition of the genital organs. The part of the urethra behind the constriction is dilated, and it seems as if a fluctuating tumor were in the perinæum, caused by the presence of urine which is impeded in its course from the bladder; or it may become contracted from chronic inflammation. Abscess and fistula may take place from the infiltration of urine into the cellular tissue around the urethra from straining at micturition. The canal in front of the obstruction is normal, with the exception of chronic inflammation, which may sometimes be brought about by the sympathetic irritation existing between it and the posterior part of the canal. The muscular walls of the bladder may become hypertrophied. The ureters and pelves of the kidneys may be dilated. The medullary substance of the kidney may become atrophied. Symptoms: The earliest symptoms of this trouble are a gleety discharge and loss of control to some extent over the action of the bladder; direction of the stream of urine changed from the natural to a forked, spiral, cork screw, or may be divided; dribbling of urine after micturition; pain in the back, loins, testicles, perinæum, urethra, bladder, glans penis, attending the passage of urine; vesical inflammation owing to partial decomposition of the urine; sometimes hæmaturia, noctural emissions, hæmorrhoids; prolapsus ani and hernia are liable to be brought about from excessive straining; sometimes the distention of the bladder is sufficient to produce rupture, and when this is the case we have all the serious results which follow vesical laceration.

Treatment: We first look after the general health, see that the urine has a proper reaction. Frequent bathing of the skin and warm hip-baths are especially serviceable in spasmodic strictures. When the stricture is organic we have three different modes of treatment, viz.: dilatation, divulsion, and urethrotomy, internal and external. Of the three modes dilatation comes first and is the most preferable. We accomplish this with an instrument, either the soft, flexible bougie, or the metallic sound; of the two, no doubt, the flexible bougie is the proper instrument for the inexperienced surgeon, because it is not capable of doing the harm which might be done with the metallic sound. We should enter the obstruction with an instrument that will just pass it. At first we judge the size of the instrument, to commence with, by the size of the stream, gradually use a larger one until the desired dilation is effected. The instruments should be lubricated with olive oil or some good lubricant before using. Sir Henry Thompson says, inject olive oil into the urethra, which more readily facilitates the introduction of an instrument. The time we should let the instrument remain in the urethra will depend altogether upon its sensitiveness. Thompson says, withdraw it immediately; Bumstead says, let it remain four or five minutes. We should make an application every three or four days before attempting to use a larger instrument, use the one that was used last time, which will open up the way for a larger one, and in this way gradually increasing in size until we accomplish sufficient dilatation. Divulsion and urethrotomy, both internal and external, will be noticed hereafter.

(*To be continued.*)

ANCIENT PEOPLE ON THE NEOSHO RIVER AND MIASMA.

By W. S. NEWTON, M.D.,
OSWEGO, KANSAS.

HAVING made an extensive search in the Lower Neosho Valley in prehistoric anthropology for the United States National Museum near this place, I find many matters relative to the ancient inhabitants of the country in the distant past of value to the physician and those interested in archæology. In the Valley there are sites of ancient villages, with roads and cultivated fields, or rather traces and evidences of them, now dim with age. The fields were well chosen in the most fertile lands, in a region where crops would grow with the least possible labor and yield the most abundant harvests.

These sites were chosen where inundations

would not reach them when on the flood-plain of the river, and inundations occur not oftener than once in a decade. They were also chosen where wood, water, fields, pasture, and secrecy could be secured, and never in a healthy location. The past seventy-five years the Osage Indians have occupied some of these village sites. These villages were chosen because they were protected from cold winds, and where spring and winter pasture could be found. Some of these people were fish and mollusk eaters, hence they located where these animals were abundant and easily captured. At these mollusk villages shells are yet seen several feet below the surface. The cutting tools they used were sharp flints brought from Missouri, twenty miles east, and not worked into shape, and no metal tools or pottery are to be found. Flint spears and arrow heads, finely worked, were abundant, and sandstone mortars and pestles were common.

Protection and security from enemies they had in view in the location of villages, and fires were often made in holes so as to hide the light at night. Good spring water, coming from a neighboring bluff, was used at the village by the people, but often swamp and pond water was used in hot weather, poisonous with cryptogams and germs microscopic and phenomenal, such as would kill a white man or negro if used in summer. The village sites are found among swamps, and always on low lands just above high water, where the present people cannot live and enjoy health on account of miasms. Even with good drinking-water our Kansas people cannot now live on the sites of any of these villages and enjoy health. Near them, however, are high, breezy, healthy highlands, the homes of our people, and from these facts we are led to infer that the early people here were constituted so that miasma would not hurt them; that they knew how to avoid it, or their intelligence was altogether a blank about swamp miasm.

Fifteen to twenty years ago the Miami, Ponca, and other immigrant Indians came to the same country. Some of them settled on the bottom lands within twenty miles of here and miasma nearly exterminated them. Why did these prehistoric people withstand, and the historic succumb to this cause? By their molluscan food and cultivated fields we know they lived in their paludal villages in the summer. We find the northeast side of a stream in the Southwest is more healthy. The southwest winds sweep over these places and carry germs to the other side, making them unhealthy. The early people here cared not for these facts in choosing sites for their villages.

The whites and negroes now do care, and they have abundant food, homes, and the comforts of life; but these ancient people lived in huts, with seasons of want and famine, and poor dress, exposed to night air, when miasm is supposed to be abroad. How did they withstand their environment and survive?

The same facts about our prehistoric people and sickness from the miasms of swamps apply to the people in the great Mississippi Valley everywhere. We suppose the African can and does live among swamps better than the whites. Were the early people Hamites, akin to the negro?

Did diseases such as we speak of keep the people weak, few in number, and finally cause their total extinction? War may have aided miasms, but spear, bow, and club were less deadly and powerful than these germs.

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*THE THERAPEUTIC VALUE OF SOME OF THE MINERAL WATERS OF THE UNITED STATES UPON MALARIAL DISEASES: WITH RULES FOR THEIR USE.**

By W. C. VAN BIBBER, M.D.,
OF BALTIMORE.

THE effect of bad air upon the human system is shown in various ways, the differences depending upon the particular kind of air which causes the diseased conditions. Salubrious situations on the earth are known and recognized mainly from certain characteristics of the human inhabitants. It is true that other air-breathing animals are injuriously affected by bad air, but this comparative study is not within the scope of the present paper.

Many of the changes in health and grades in constitution produced by climate upon man are well known, and those peculiarities of disease existing in the inhabitants of different atmospheric planes have not escaped observation. The practicing physician and climatologist will

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* Read before the American Climatological Association at the Congress of American Physicians and Surgeons, September 19, 1888.

do well to study the effects of hills and mountains upon the human organism, for they exercise influences not to be accounted for by the chemical analysis of the air. By far the greatest number, as well as the most serious diseases, produced by the quality of the air alone are found to originate in the lower strata of the air, that is, at an elevation but little above the level of the sea. It is true most of the inhabitants of the earth live in these lower strata, because most of the great cities of the world are built upon navigable waters, and the most fertile lands are found in alluvial formations.

It is believed that the plane of the atmosphere three hundred and fifty feet above tide-water is for the most part free from that mysterious something which produces ague and fever. A few noteworthy exceptions may be found to this law, but the planes of the atmosphere from tide-level to a height of ten thousand feet have already been studied as to the production of certain diseases and the curing of others, and the work is still going on. This is one of the chief problems of the science of climatology; and one result of these observations shows that certain symptoms and individual appearances, accompanied by constant pathological changes, are found with us only, as a rule, upon the ocean slopes and large river bottoms, and seem to be identified with this particular atmospheric plane.

To state the matter more precisely, we may say that if a thousand men should be selected and taken from our sea-board swamps and river bottoms, below the thirtieth parallel of latitude, and placed side by side with a thousand men selected from a plane of the atmosphere over three hundred and fifty feet above tide-water, north of the thirtieth parallel of latitude, the one set of men can be distinguished from the other set by the practicing physician, both whilst the men are living, as well as by an examination of the organs of the cadavers. Again, it is believed that should the men from the hills and those from the swamps change abodes for a few years corresponding changes would take place in their physical peculiarities and outward appearance. These peculiar individual changes are wrought in a gradual manner by time, and, until recently, it seemed to be by an undetected hand; yet the changes are none the less certain and well marked.

It is the changes which will take place in the thousand men transferred from the hills to the swamps which will now engage our attention. These changes steal along in the human system, for a time possibly without noticeable manifestation, until, finally, a culmination takes place, and a chill, a fever, and a sweat ensue in their proper courses. Then what was latent before soon becomes active, and the marked individual appearances begin to manifest themselves. These are, externally, a sallow and stretched skin, muddy-colored conjunctivæ, dry hair, dry and brittle nails, emaciation, a stooped, curved, and shrunken figure, and a slow crumbling of the teeth. The peculiar sensations or feelings which accompany these external appearances are a gradual loss of strength and vigor, a desire to recline and rest, torpor of mind as well as of body. As mental effects we notice loss of ambition, indecision, procrastination, superstition, a craving for stimulants, with a continuous belief in "biliousness." These symptoms come on slowly and may continue for years without relief, because they seldom, or never, of themselves produce death, though their effects are serious and far reaching; and, as will be seen hereafter, the three largest and most important organs of the body are so altered in texture and function that there is, comparatively speaking, but little of the physiological man left. It is no wonder, therefore, that there should exist under these circumstances a predisposition to pneumonia or other fatal affections. So that when, from some intercurrent disease or from accident, death does ensue the liver is found enlarged, generally softened, but sometimes indurated, and always changed in color, being filled with a black substance called "pigment." The spleen is likewise enlarged, softened, and changed in color. The marrow of the bones is also altered in color and consistence; and a peculiar crescent-shaped micro-organism has been found in and around the red blood-corpuscles, which is thus described in a letter to me by Surgeon George H. Sternberg, U.S.A. He says:—

"In response to your questions, I would say that the parasite discovered by Laveran in the blood of malarial fever patients presents itself in various forms. Some, in the interior of the red corpuscles, amœboid and segmenting forms, and some, free in the serum, crescentic and flagellate forms. That these forms repre-

sent different stages in the life-history of the same micro-organism is inferred from the fact that pigment granules are found in all of them, and also from their association in the blood of malarial fever patients, and from the fact that they have not been observed under other circumstances.

"These facts also give strong support to the view that the parasite in question bears an etiological relation to malarial manifestations. The rapid destruction of red corpuscles during a malarial paroxysm, and the accumulation of dark pigment granules derived from the blood, especially in the liver and spleen, as the result of repeated attacks, is quite in accord with the observations of Laveran, Richard, Marchiafava Celli, Golgi, Councilman, Osler, and others relating to this interesting hæmatozoon."

The disease now under consideration was anciently called malaria because it was universally believed to be due to unwholesome air. At present there is a question whether it comes into the system from the air or through the water in those situations where it is found; but there can be no question as to the identity of the affection; and this is the disease which will be considered in this paper.

It is surely a high office for the physician to study additional means of relief for those piteous sufferers from this terrible malady, and no more useful aim can engage the attention of this Society than to unite, in its collected wisdom, during this discussion, in an endeavor to ameliorate suffering such as is familiar to you all. The most important advance in this direction was the introduction into Europe of the cinchona bark about the middle of the seventeenth century, and its properties as a febrifuge were soon widely recognized. Numerous theories have been advanced as to the mode of operation of this remarkable remedy, and still the problem remains unsolved, perhaps only to find a solution when we shall thoroughly understand the diseased conditions for the relief of which it is employed. The three things which we may take as definitely settled are, that the "Jesuits' powder" is beneficial in these fevers, that it does not always cure them, and that we neither know why it succeeds nor why it fails. The immense number now suffering from both the acute and chronic forms of this kind of malaria, notwithstanding the most liberal use of the specific remedy, is sufficient to prove conclusively that it has not an absolutely curative effect by itself.

The purpose of this paper is to suggest certain supplementary or auxiliary remedial agents in the treatment of these diseases, and these are found among the mineral waters of the United States. For more than eighty years the waters of the Greenbrier White Sulphur Springs, in Greenbrier County, Virginia, have had a high reputation for the cure of malarial diseases. The situation of the spring is in a beautiful mountain valley, twelve hundred feet above tide-level. The medicinal virtue of the water is supposed to reside both in its solid and gaseous contents. Bad cases of the kind of malaria which has been described are to be found visiting this spring every summer for the benefit of its water, and a large proportion of these patients come from the rice and cotton plantations of the seaboard, some from the valley of the Mississippi River and its tributaries, and others from the valleys of the rivers which empty into the Gulf of Mexico. I first visited this spring as a physician in 1851. Since that time I have had opportunities to study and observe the effect of this water upon the kind of malaria which has been described, and my observations have led me to adopt a regular system for its use.

The plans of cure which I shall recommend have been tested upon many patients and with generally good results. It often happens that those wishing to be benefited cannot remain at the Spring longer than from two to four weeks, and to suit this necessity the plans have been called the two-weeks and the four-weeks plans.

That for two weeks consists in drinking as much of the water early in the morning as is necessary to sensibly affect both the bowels and the kidneys—enough to give one or two loose, watery movements from the bowels and a free discharge from the kidneys. For this purpose an average person will require from two to four glasses of the water early in the morning. These should be taken whilst the patient is in active exercise in the open air, and two hours should elapse after drinking the last glass of water before taking breakfast. At noon take a warm bath of the sulphur water, temperature 94° to 98° F., and remain in the bath from fifteen to twenty minutes.

Whilst in the bath drink two or three glasses of the sulphur water. The time of the bath should be arranged so as to have dinner or lunch soon after leaving it, say about 2 o'clock, which is the usual dinner hour at the hotel. After this drink two glasses of the water at 5 o'clock P.M. and two before retiring at night. Wash in the sulphur water morning and night and exercise freely during the day by walking the mountains. This two-weeks systematic course has such a decided alterative action that few persons can safely carry it further than the time specified.

In the four-weeks course the bath is ordered every *other* day, and the amount of the water to be taken may be proportionally moderated. The four-weeks course should always be preferred when time can be given for this purpose. The object of this treatment is to produce a continuous acceleration in the action of both bowels and kidneys and to increase the activity of the skin. These three objects are undoubtedly accomplished, and during the active course of treatment a good indication of its future success is found in the increased vigor and improved appetite, elevation of spirits, with a feeling of lightness of the body and buoyancy of mind, which are most agreeable. One of the peculiarities of this water when drank pure from the fountain is to elevate the spirits with a sensation not unlike that produced by champagne. It causes a slight feeling of dizziness and an excitement of the brain. It may be this which gives a charm to the place and a lustre to the ball-room which is not seen elsewhere. But it should always be used with reference to individual idiosyncrasies, either pure from the fountain or "staled" by the evaporation of its gas according to the valuable rules given by Dr. J. J. Moorman, who was for more than thirty-five years the resident physician there.

The other springs with the waters of which I have had nearly as long an experience in chronic malarial troubles are the Saratoga Springs, in Saratoga County, New York. There are now more than twenty-one springs opened at this celebrated place, each one of which has a different chemical analysis. My observations have been more particularly confined to the Congress, the Hathorn, the Hambleton, and Washington Springs as drinking waters, and to the Putnam, the White Sulphur, and the Red Springs as bathing and washing waters. From these I have made up a definite course of treatment, which I advise for two weeks and four weeks, similar to the courses already given for the Greenbrier White Sulphur water, and which, I think, has many advantages.

During the first week of the two-weeks course as much of the water of the Congress Spring should be taken early in the morning, combined with active exercise, as will produce a decided effect upon the bowels and kidneys. An average person will require from two to four glasses of this water, and the last glass should be taken about an hour and a half before taking breakfast. During the second week of this course the Hathorn Spring should be used. Take each day at noon a bath of the Putnam or White Sulphur water at a temperature of 94° to 98° F., and remain in the bath from fifteen to twenty minutes, drinking whilst in the bath one or two pints of the Hambleton Spring water. At 5 P.M. take a wineglassful of the Washington Spring water, not more, and at 6 and 10 P.M. take one or two glasses from the Congress or Hathorn Springs. Wash night and morning in the water of the Red Spring.

This gives a definite course of treatment, the object of which is to produce an alterative effect and to rapidly change the molecular structure of the body. Few individuals can continue such a course of these waters for a longer period than two weeks. In the four-weeks course, which is always to be preferred if it is possible, the bath is to be taken every other day, and the amount of the waters taken each day to be proportionally diminished.

In this course of treatment by the water of either of these springs the activities of the body are increased in every department, the bowels, kidneys, skin, liver, stomach, mind, and spirits are all safely and agreeably stimulated. It is a full occupation of his time for a patient to undergo this treatment. To most persons it is a delight to experience the sensations resulting from it. The entire body seems to be renewed; the patient feels confident that the change will be lasting. It is a safe treatment; it is systematized and may be changed to suit individual cases. If this system is carried out it may be of service in preventing that blind bathing and drinking, which our physicians find so injurious, at all the springs in this country, and which is in

strong contrast with the practice at similar health-resorts in Europe.

Having pointed out two springs which are salutary in malarial troubles, and having given those rules for the use of their waters which I have found most beneficial, I might here let the subject rest; but the disease of which we are treating is such a remarkable one, its literature is so large, its prevalence so widespread, its theories so interesting, that I trust I may be permitted, in conclusion, to say a few words concerning the modus operandi, or the manner by which the beneficial effects of the proposed system are produced.

Until about eight years ago everything concerning the cause of intermittent or remittent fever was clouded in obscurity, and everything concerning the manner of its cure was a matter of theory and conjecture. Now a step has been taken in advance which will increase the interest attached to its treatment. Students in Europe, at the Johns Hopkins University, in Philadelphia, and elsewhere in this country have made public the results of study and experiment, which bring the whole subject into a new phase, replace fancies by facts, and introduce a new method of treatment. To bring this out clearly, I will place side by side the two explanations of the manner of cure, in order to contrast the old teaching with the new.

The old explanation:—"By the use of the waters as advised all the outlets of the body have been opened, and in this way the diseased particles have been removed. What particular path they took to get out of the system is a matter of conjecture, but the result of the treatment is sufficient to prove the fact that they were eliminated by some means or other."

The new demonstration would read in this way:—"The hæmatozoon which controls the disease has been found, and a study of its movements will alone reveal the truth. The number of red blood-corpuscles which have been damaged in any particular case can be told by actual count, and the restoration of healthy red blood-corpuscles can be determined in the same way. Under certain favorable circumstances the healthy red blood-corpuscles are rapidly formed, and when they are sufficiently abundant and vigorous they dominate the system, resisting both the reception and the encroachments of disease. Those globules which were formed at the two springs, both of which are situated at elevations above the usual melanæmic line, were produced under different and favorable circumstances of air, food, and water. If during a certain system of treatment the blood be rapidly brought from a condition of disease to one of comparative health, we may legitimately infer that those globules which have been formed in the progress of the treatment are of a healthy character; and if we were able before to detect special vitiation in the red corpuscles, we may expect to find special improvement in these." And this is precisely the result which follows the treatment I am recommending.

Without entering into technical detail, I think what has been said represents the present state of our knowledge concerning paludal malaria. The plans which have been advised for its adjuvant treatment I can recommend to you after an ample experience, and if they should be sanctioned by your reason and used in your practice, I cannot doubt that the benefits will at least be equal to what I have mentioned as the result of my own experience.

THERAPEUTIC NOTES.

℞ Amyli,
Acid borac.,
Tr. benzoas, . . . āā Equal parts.
M. Sig.: Snuff powders in coryza.

℞ Cocain hydrochlor., . 5 parts.
Acid carbol., . . . 5 "
Mentholi, . . . 5 "
Engenoli, . . . 10 "
Lanolini, . . . 75 "
M. Sig.: A nasal balm.

℞ Zinci sozoiodol, . . ʒj.
Aq. destill., . . . fʒvj.
M. Sig.: Injection in blenorrhœa.

℞ Potass. sozoiodol., . . gr. xv.
Lanolini, . . . ʒv.
Vaselini alb., . . . ʒss.
M. Sig.: A dressing for wounds.

℞ Trypsini, . . . 200 parts.
Sodæ bicarb., . . 200 "
Hydrarg. bichlor., . . 1½ "
Glycerinæ, . . . 400 "
Aq. rosæ, . . . 3000 "
M. Sig.: A steam inhalation in diphtheria of children.—*Canadian Practitioner*, December, 1888.

SULPHUR FOR ITCH.

Simple sulphur ointment will not of itself destroy the itch insect, as is commonly supposed; on the contrary, they have been shown to live in it for days. But, on the addition of a little carbonate of potash, sulphurated potash is formed, which speedily annihilates them. A lotion of sulphur with lime is very effectual and cleanly—an ounce of quicklime and five of sublimed sulphur in a pint of water, boiled down to one-half.—*Medical World*, December, 1888.

MEMBRANOUS CROUP.

In the treatment of this disease the following is recommended and guaranteed, as it never failed me. It matters not the age of the child, eighteen months or five years is all the same; give immediately:—

℞ Yellow sulph. mercury, . gr. v.
Pulv. ipecac, . . . gr. j.
Calomel, ... gr. j.
M. Sig.: At one dose.

Follow it with ounce drinks of warm water every few minutes. If emesis is not established in five minutes repeat the dose; if the younger child, half the dose will be sufficient; repeat the warm water until the child becomes thoroughly nauseated. This is all that is requisite at this time, but the dose, or one-half or one-quarter of it, is to be repeated at intervals sufficient to keep up an almost continual nausea. Of course, it can be carried too far; be careful of this.

℞ Ammon. chlor. pulv., . . ʒiss.
Potass. brom. pulv., . . ʒiiss.
Potass. chlor. pulv., . . ℈ij.
Tinct. aconit. rad., . . gtt. v.
Tinct. ferri chlor., . . fʒij.
Aqua,
Syr. simplicis, āā q. s., ft., fʒv.

Sig.: A teaspoonful every hour. This is to be given continuously. In bad cases it should be given every half-hour.

Procure a bushel or two of fresh, unslacked lime, deposit a lump the size of your fist, if it is a large one, in the bottom of a wooden bucket, and throw a gill of pure, clear water upon it, then a cloth over the bucket, and when the gas begins to arise place the bucket upon a table, wrap a shawl around the child's arms, remove the cloth, and hold the child's face within six inches of the top of the bucket in the escaping gas just the time that it takes the child to perform two respirations, no more. In fifteen minutes repeat this process, and continue to do so until the breathing becomes less labored and slower, and as the child improves, which it will do, lengthen the intermissions till it is no longer required; remember, however, that a child cannot live long breathing the gas; the object is to dissolve that membrane, which it will do.

The mercury will prevent any new formations, and the ammonia bromide solution will calm nervous irritability and subdue inflammations of mucous membranes; that is all the therapeutics there is about it; one thing is certain, it will cure true croup.—Dr. J. M. Armstrong, in *Weekly Medical Review*, December 8, 1888.

GONORRHŒA.

Many are troubled with the difficulty with which this disease is combated. If it only be considered as an inflammation of a mucous membrane with a specific or microbic cause the appropriate treatment becomes simple enough. We will first consider treatment by injections. Sulphate of thallin, four grains to the ounce of distilled water, is said to cut short the disease with a few applications.

We have found excellent results from one grain each of cocaine, morphine, atropine, chloral hydrate, sulphate of zinc, and sulphocarbolate of zinc to the ounce of distilled or rose-water. After the acute stage has subsided, withdraw the cocaine first, then the atropine, and then the morphine, continuing with the chloral and the zinc salts as long as there is any irritability of the urethra.

The king of injections for lingering subacute gonorrhœa or gleet is the following:

℞ Ext. hydrastis fld., . . . fʒj.
Bismuthi subnitratis., . . ʒj.
Boroglyceride (50 per cent.),
Mucil. acaciæ, . . āā fʒss.
M. Sig.: Use as an injection.

The constitutional conditions to be considered are plethora and debility. Plethora increases the intensity of the inflammatory stage and protracts its duration. The only remedy necessary is saline laxatives during the stage indicated. Debility prolongs the subacute stage and favors chronicity. Tincture of the chloride of iron (always given some time before meals) is the most appropriate

remedy for the condition, commencing with the beginning of the subacute stage.

As internal treatment the sulphide of calcium should be given from the start, and during the entire period of suppuration, one tenth grain ten times daily. If debility exists, one grain of lactophosphate of lime should be taken with each dose.

The following is an excellent combination, to be taken from the very first:—

℞ Tincturæ opii, ... fʒij.
Vini colchici seminis, . . fʒss.
Liquoris potassii citratis, . fʒviss.
M. Sig.: One tablespoonful four times a day.

The oils of eucalyptus, sandal-wood, cubebs, and turpentine, and the balsam of copaiba are all useful as additional remedies in cases which show that they are not yielding readily to the regular treatment.

This is simply an outline of a course of treatment which has proven more than usually successful, omitting the long list of remedies that are objectionable for one reason and another.—*Med. World*, December, 1888.

TAPE-WORM.

Professor Da Costa ordered capsules containing 3–5 ♏ chloroform each, to be given six each day for two days, followed by 2 grs. pelletierine every two hours for twenty-four hours; then ol. ricini ʒss, and repeat the oil again in six hours.—*Coll. and Clin. Record.*

ACUTE RHINITIS.

For common *cold in the head* (acute rhinitis) the following is of use in the early stages:—

℞ Cocain. hydrochlorat, . gr. 1–16.
Morphiæ acetat., . . gr. ⅛.
Pulv. talc., . . . gr. ij.
Bismuth subnitrat., . . gr. iv.
Ft. pulv. 1.
M. Sig.: To be snuffed into the nostrils every three hours until relieved; where necessary to use more than three powders, omit the cocaine after the third.—SAJOUS, *in Coll. and Clin. Record.*

HYDROCELE.

Professor Forbes uses as an injection, after evacuating the fluid, a solution composed of tinct. iodine ⅓–½, and sherry wine ¼–⅔ dr. By injecting a considerable quantity it comes in contact with all parts of the sac, more certainly occluding it; the excess may be allowed to flow out again through the cannula.—*Coll. and Clin. Record.*

SCIATICA.

Professor Da Costa prescribed for an obstinate case in an anæmic subject:—

℞ Syrup. ferri iodidi, . . . fʒj.
M. Sig.: Take three times daily.

He also directed—

℞ Morphiæ sulph., . . . gr. ¼.
Atropinæ sulph., . . . gr. $\frac{1}{80}$.
M. Sig.: Hypodermically, morning and evening, in the neighborhood of the nerve; massage to the limb, it being wasted.—*Coll. and Clin. Record.*

LIGHTNING CURE FOR A FELON.

Editor Medical World:—

I notice in your July number, Vol. VI., an article entitled, "How to Cure a Felon." Please permit me to give your readers the best cure that my experience has taught me.

By electricity, used as follows, a felon is destroyed with lightning speed. Use a good galvanic battery with ordinary power, then fill two glass dishes or cups with water, place the finger affected with the felon in one cup, in which you have placed the positive end of the electric wire; then place the next sound finger in the second glass cup, in which you have inserted the negative pole; continue passing the current for twenty or thirty minutes, and if required repeat this once in four or six hours. The pus that is exosmoded through the periosteum will appear as a small pimple at the skin in a few days, and may require to be pricked with a needle.—D. D. MARTIN, M.D., in *Med. World*, December, 1888.

MITRAL STENOSIS.

Professor Da Costa ordered for a woman with mitral stenosis—dilatation with hypertrophy—the following prescription:—

℞ Tinct. strophant., . . . fʒij.
Elixir simpl., ... fʒj.
Tinct. cinch. comp., q.s. ad fʒiv.
M. Sig.: fʒj t. d.—*Coll. and Clin. Record.*

ERYSIPELAS.

Professor Garretson's paint for this disease is:—

℞ Tinct. ferri chloridi, . . fʒj.
Tinct. cinchonæ, . . . fʒij.
Quininæ sulph., . . . ʒj.
M. Sig.: Paint the affected area again and again continuously, until the skin underneath turns black. The desired effect is then accomplished. However, should the red of inflamma-

tion again manifest itself, renew the painting as before.

This makes an incompatible compound—a black mixture—but has been found clinically of great value.—*Med. World*, Dec., 1888.

JACKSONIAN EPILEPSY.

For a man, æt. thirty-eight, with Jacksonian epilepsy, caused by a tumor of the cortical substance of the brain, having severe headaches, spasm of the sterno-mastoid, drawing the head to one side, the eye-ground showing choked disks, with no history of syphilis or injury, Professor Da Costa ordered :—

℞ Potassii iodidi, . . . ℈j.
Spirit ammon. aromat., . . gtt. x.
Syrup auranti, . q. s. ad f℥j.

M. Sig.: Three times a day ; also occasional laxatives and milk diet.—*Coll. and Clin. Record.*

PULMONARY PHTHISIS.

℞ Creasote (of the beech), gr. xv.
Tinct. of gentian. . . f℥j.
Pure alcohol, . . f℥viij.
Tokay wine, . . . f℥xxij.

M. Sig.: Tablespoonful in water three times a day.

Instead of the creasote wine the author uses the following pills with patients who suffer from diarrhœa :—

℞ Creasote (of the beech), . ℥ss.
Opium, ... gr. vj.

M. ft. mas. in pil. no. 1 (50).

Sig.: Pill every three hours.—GUTTMAN, *in Gazette Médicale.*

NAPHTHOL IN PURULENT OPHTHALMIA.

At a recent meeting of the Société d'Ophthalmologie de Paris Dr. Valude presented a communication upon the "Use of Naphthol in Purulent Ophthalmia." After speaking of Dr. Budin's contributions upon the subject, he went on to say that his experiments were made upon all varieties of purulent ophthalmia which are usually encountered. He cited four cases of blenorrhagic ophthalmia in adults of varying degrees of intensity, two cases of infantile purulent ophthalmia, and a half a dozen cases of the "blennorrhœa neonatorum" type in very young infants and of variable degrees of intensity.

While Budin recommended β naphthol, Valude preferred *a* naphthol, which has double the antiseptic power of the former, in the following solution :—

Distilled water, . 1000. grammes.
Naphthol-*a*, . . 0.50 "
Alcohol, . . . 25. "

Remembering that the antiseptic power of *a*-naphthol is twice that of β naphthol, the following solution may be employed, which corresponds with that recommended by Bouchard :—

Distilled water, . 1000. grammes.
Naphthol-*a*, . . 0.20 "

"In cases of grave purulent ophthalmia the solution of naphthol constitutes an antiseptic which is *advantageous to use in addition to the usual cauterizations ;* in the light ophthalmia of the newborn, and especially in the purulent ophthalmia of the scrofulous, the same antiseptic washes will suffice to produce a rapid relief." He recommended the continued use of the cauterizations by nitrate of silver, only using this antiseptic wash as an adjuvant before and after. Naphthol has the advantage over the other antiseptics of relieving the swelling; it is certainly advantageous to use it in place of the corrosive sublimate. His results with it have been, in general, most encouraging.—*Recueil d' Ophthalmologie.*

TREATMENT OF BURNS.

M. Nikolsky reports great success in treating burns of the first and second degree with bandages made with the following solution :—

℞ Tannin,
Alcohol (95 per cent.), āā 4 grammes.
Rectified sulphuric ether, . 30 grammes.
—M.

The bandages are renewed two or three times daily. After the evaporation of the ether, a fine, brilliant film of tannin remains, and produces a prompt alleviation of the pain and inflammation. The healing is much more rapid than under the influence of collodion and other remedies usually employed in such cases.

The first bandage should be preceded by washing with some antiseptic solution. The blisters should be opened so as to allow the serum to flow away. The denuded portions of the epidermis are at first dusted with a fine powder of iodoform and then wrapped in the etherized tannin.—*Journal de Médecine de Paris.*

SELECTION.

*EXPERT TESTIMONY AND MEDICAL EXPERTS.**

By ORPHEUS EVERTS, M.D.,
OF COLLEGE HILL, OHIO.

AT the Hertford assizes (1699), in the trial of a man accused of murder, the prosecution—as stated by Mr. Justice Stephen, in his learned history of the criminal law of England—"collected a body of doctors to substantiate the proposition propounded by the Crown." "This case," says the historian, "supplies nearly the earliest instance of a trial depending largely upon the evidence of experts." It is further said, however, by the learned author—and the fact is significant if well considered—that "the defendant contradicted the evidence of the experts in a way that still shows any one who reads the case that he was fighting with a perfectly idle superstition."

It is a fact conceded by English law-writers, and indicated by the asperity of medical writers toward them, that English judges have never held medical experts, especially in cases of insanity, in high estimation; while in this country the fact is patent to all interested observers that the testimony of medical experts exercises but little influence in determining verdicts, when not in harmony with popular sentiments or notions respecting the merits of any given case.

In view of such facts, may it not be well to consider, briefly, the following questions, namely: What is "Expert Testimony"? What are its essential elements of value? Who are medical experts?

Expert testimony differs from ordinary or non-professional testimony in this respect, viz.: Ordinary testimony consists of statements of facts as observed by the witnesses stating them, and opinions based upon such facts exclusively—the facts having been first fully stated. Expert testimony consists of opinions based upon facts as observed by the witness, or presented for his consideration hypothetically—having been observed by others—that he, by reason of peculiar knowledge, is alone supposed to be capable of interpreting.

This definition of expert testimony being accepted, it should not be difficult to determine the elements of value pertaining thereto. They are: first, scientific principles generalized from facts applicable and equal to the solution of the problem under consideration; and, second, capability on the part of the professed expert to make use of such principles in the solution of the problem given without bias or prevarication.

That scientific principles applicable and adequate to the solution of the problem given are essential to value in the constitution of expert testimony, may be inferred from the fact that without a knowledge of such principles the testimony of one witness of equal intelligence and opportunities of knowing would be equal in value to that of another. It is also apparent that such principles, to be applicable and adequate, must bear a definite relation to the facts presented for interpretation and present features of consistency and accuracy that admit of no alternative construction. Were it not so—if, for example, the principles of the science of numbers were not definitely related to the facts of accounting, or not so consistent and accurate as to justify perfect confidence in the prediction that two and two, if added, will make four—it would require no argument to convince us that the testimony of an "expert" accountant would be of no especial value, the data of his calculations being unworthy of trust. The same might be said of the expert surveyor, engineer, or astronomer, the value of whose interpretations of facts is derived from the infallible accuracy of the principles of the science of numbers. So, too, with the chemist (the value of his testimony as an expert depending, primarily, upon the accuracy of the principles of his science), if the relation of chemical phenomena to conditions of matter were not definite and uniform—given phenomena being inevitably sequential to given conditions of matter—the expert testimony of the chemist would be comparatively, if not entirely, worthless. Nor is argument needed to convice us that the testimony of the most capable expert, informed by principles of the most accurate science, might be vitiated or invalidated by dishonesty.

What, then, is the real value of medical expert testimony? And who should be considsidered as medical experts? Doctors of medicine are called upon to testify as experts in a range of cases involving questions of malpractice in medicine proper, surgery, and obstet-

* Read before the Section on Medical Jurisprudence at the Thirty-ninth Annual Meeting of the American Medical Association, at Cincinnati, May 9, 1888.

rics, and in cases of suspected crime in which questions of cause of sudden or unhistoric death arise, and in cases of still greater difficulty and importance, in which questions of mental conditions affecting the rights and privileges of citizens have to be adjudicated. Does that aggregation of knowledge, known as "medicine," furnish the necessary principles for their qualifications as experts in all such cases? Are all persons engaged in the practice of medicine and popularly recognized as "doctors" informed by such principles as do pertain to the so-called "medical sciences"? These questions become especially pertinent in view of the fact that there is no recognized standard of educational attainment prerequisite to either the title or privileges of a doctor of medicine in this country—and the common law admits them all to testify as experts, subject only to the test of cross-examination as to qualifications by attorneys who may or may not be capable of exposing false pretensions.

When we consider seriously the natural capabilities and acquired knowledges of a large proportion of the multitude of men and women engaged in the practice of medicine in this country, and the questionable character of much that is taught by the numerous "schools," or sects, of medicine as science, these questions assume still greater importance, and the presumption of law that all are experts becomes preposterous. Even after eliminating from consideration all persons engaged in the practice of medicine who are not graduates of reputable, regular medical schools, the presumption would still be too violent for entertainment.

What, as a matter of fact, does such a presumption imply? Nothing less than an affirmation that the sciences constituting medicine, as taught in our schools, are informed by principles that are definite, comprehensive, and trustworthy beyond dissension, and that every one certified proficient in medicine by such schools is competent to make intelligent use of them in the formation of opinions as medical experts on all subjects.

But to get at the grain that may be in this chaff, let it be admitted that the instruction given in our schools is adequate to qualify medical witnesses to determine, as experts, whether or not an infant found dead was still-born; whether or not certain wounds, seen or described, were necessarily fatal; whether or not certain deformities following injuries were the results of malpractic ; whether or not, as indicated by symptoms and post-mortem appearances and chemical and microscopical examinations, in any given instance, death was effected by poison, etc.; still, the more important qualification of the medical expert to determine questions of mental manifestations and human actions, whether or not influenced by pathological conditions of brains or other organs, remains to be accounted for. What has medicine in its widest range of instruction to offer on this subject? After all, how little! The most thorough going anatomist is no wiser respecting the genesis of mind, or the relation of mental phenomena to material conditions, because of his dissections. The most learned and practical chemist knows no more of such matters because of his analyses and syntheses of inorganic and organized bodies than does the anatomist. Therapeutics throw no light of principles upon the subject. Surgery is dumb and obstetrics blind respecting mental science. Physiology, that wonderful and growing science, that is to be to all other natural sciences what Aaron's rod was to the rods of the Egyptian magicians, has it not already furnished us with a new psychology, and is it not adequate to our present necessities? Let us see. If we depend upon science to furnish principles answering to our necessities, what are the requisites? It is requisite that such principles shall be accurate and indisputable. Does physiology, as now taught in our schools, supply the need?

Admit the fact that physiology has already swallowed up all the metaphysical psychologies, and that brains, with their appendages, the nerves, have come to be recognized as essential organs of mind by which all mental operations are conducted; that when a man or any other animal feels, perceives, remembers, imagines, reasons, wills, or acts, it is because of material capabilities, and his brain and nerves do something; that there is a relation more or less definite of mental capabilities and characteristics to size, form, and quality of brain structures, and an association of certain mental phenomena with certain areas of brain substance; that modifications of mental capabilities and expressions, constituting all of the many degrees of capability, and peculiarities of expression, known as "idiocy," "imbecility," "mania," "melancholia," and

"dementia," may be effected by arrest of cerebral development and modifications of brain activities, whether effecting constructive or destructive results and concomitant transmutation of energy—admit all this as pertaining to present physiological knowledge—still the fact is apparent that we have not been supplied with such scientific principles as would alone qualify medical experts to testify as such in the jurisprudence of insanity.

Physiology, as taught in our schools, is, indeed, still in doubt respecting the relation of mind to body; whether consciousness is an inherent quality of matter manifested, as all other qualities are, by motion, or an attribute of a supernatural, indwelling spiritual being, not subject to sensuous observation, but inspiring or instigating all bodily activities; in doubt whether mental manifestations are concomitants of brain activities instigated by an immaterial ego, or the inevitable sequentials of ever-changing conditions of brain-substance influenced by environments.

Nor can physiology tell us, in accordance with any theory, just what the brain or body or spirit does when a man feels, thinks, or acts; nor just what instigates his activities, determines his movements, and differentiates his capabilities. So that, even with these doubts of physiology dispelled and the subject of man's creation and constitution forever withdrawn from the shadows of superstition and the overawing presence of the supernatural, and the science of psychology arranged in line with all other natural sciences, in accordance with a monistic theory of the universe—of which men are inseparable particles—we should still be unable to predict with certainty the phenomenal sequences of all given conditions of body or brain precedent, or to infer with precision conditions of body or brain by any given mental manifestations, unaided by other than physiological information.

Why, then, should doctors of medicine be regarded as experts in the jurisprudence of insanity more than other persons of equal general intelligence? Is it not because of the fact that the official relation of the doctor of medicine to the afflicted is now, as it ever has been, the most intricate, intimate, and privileged known or tolerated by civilized or savage society, and because his movements as diagnostician and dispenser of drugs with healing virtues are to the uninitiated within that same shadow of superstition that obscures their vision when trying to comprehend the mystery of thought, whether sane or insane? Hence his greater opportunities of observation and study of the natural history of men and their disorders, and the endless variations of mental phenomena as related to material, observable facts. Must not any claim of qualification as an expert in the jurisprudence of insanity, therefore, be based upon special, long-continued, intelligent observation of the insane, and careful, comprehensive studies of the natural history of insanity, rather than special knowledges derived from medical authorities, however advantageous such knowledges may be to the observer and student? And must not the value of the testimony of experts so qualified correspond to the natural capabilities, advantages of education and experience, and general interest in the subject of the persons testifying?

In these days, therefore, of specialties in medicine, and the habitual commitment of the insane to hospitals or asylums for treatment or maintenance at the earliest practicable moment, but few general practitioners of medicine have either the opportunity or disposition to so qualify themselves as experts in this branch of medical jurisprudence, and but few—to the credit of the profession, be it said—voluntarily appear in court pretending to be such.

Of the second essential element of value mentioned, the integrity and freedom from bias of the expert witness, but little need be said. Perverted knowledge is more dangerous than conceited ignorance. The natural tendency of experts, however, is to invalidate their opinions more or less by the admission of color derived, imperceptibly, it may be, from the interest taken in behalf of the parties employing them. Instigated, also, by professional pride, experts, like detectives, are more zealous in finding what they are supposed to be peculiarly qualified to find than otherwise, a fact that in this country has been, so far as expert testimony has influenced courts or juries in any way, advantageous to defendants in cases of criminal prosecution, and of plaintiffs in cases of contested wills.

These are natural tendencies that experienced experts are capable of overcoming when recognized, but should not be overlooked in estimating the value of expert testimony.

Of the mercenary and venal expert nothing need be said. If such there be, they have no proper place in a profession so proverbially unselfish as that of medicine.—*Journal of the American Medical Association*, December 22, 1888.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Jan., 1889.

HYPNOTISM AND SUGGESTION.

REMINISCENCES are not always agreeable, but, as a rule, they are instructive, and for the latter reason we have thought it worth while to recall the fact that hypnotism has already been referred to in these columns. On page 59, last year, an article appeared detailing the hypnotic experiments of Dr. Feldman, who had given some extraordinary exhibitions of his powers before the Medico-Legal Society of New York. In that paper it was said: "It is time we learned more of this mysterious force, which promises to reach so many of those wretched conditions lying beyond the range of ordinary medicine." Again, on page 133, there appeared an abstract of a paper indicating the perils of hypnotism, and at times there appears to be a question whether it would be a gain to our profession to have the plan adopted. Hypnotism, as is well known, is one of the relics of mesmerism, and was first given its present scientific aspect by the writings and labors of Dr. Baird, a Manchester surgeon, shortly after the fallacies of Mesmer began to decline.

With a view to bring the matter more fully before the reader, and thus afford an opportunity of judging from actual results, it will be interesting to follow the operations of Liébault, of Nancy, who has made this line of practice his daily duty for the past twenty years. Although yet a poor man, he is none the less honored, and religiously every morning at seven o'clock he opens his small dispensary, located in one of the back streets of that city, to be thronged till nightfall with pilgrims from all parts of Continental Europe, and, we may say, from the uttermost parts of the earth. Each patient comes in, and if he or she has not been there previously the name and other data are taken by a clerk engaged for the purpose, and immediately they take the arm-chair in which thousands before them have embraced Morpheus, the son of Somnus.

While Professor Charcot, of Paris, has been astonishing the world lately by his wonderful exhibitions of power in this particular direction, poor Liébault, in his own quiet way, has been all but accomplishing miracles for years, and the greatness of his name and the glory of his fame is still a lesson to be learned. It will occur to the reader here to ask what he does and how he does it—questions the answer to which will enable us to arrive at a just conclusion as to its adaptability to physicians in general and the judiciousness of its application for the relief of morbid conditions. The latter observation is based upon the fact, which is no longer disputed, that there is such a power which one person may acquire over another, and that there is a substantial and practical side to the theory of suggestion in the treatment of disease.

But, to return to the point, the operations of Liébault are very different from those which, we are told, attended the cunning tricks performed by Mesmer and his followers, and, although they demand but little exertion on the part of the operator, they are none the less efficient in producing results which are, to say the least, wonderfully surprising. The story is told in most attractive style by Dr. C. Lloyd Tucky (Nineteenth Century, December, 1888), as follows: "The Doctor speaks kindly and reassuringly to his patient; tells him to banish all fear, and, as far as possible, all extraneous thoughts, but to closely follow his words and suggestions. One by one the phenomena which attend the oncoming of sleep are suggested to him. 'Your eyelids,' says the Doctor, 'are becoming heavy; you can hardly keep them open. My voice sounds more and more distant. Your sight grows dim, and objects appear indistinct to you. A numbness is creeping over your limbs. It is impossible for you to keep awake; your eyes are shut.' (Here the eyes are held closed by the operator's hand.) 'You are fast asleep.' If the subject is of average sensibility, he will indeed be asleep by this time, and his appearance will be exactly that of one slumbering

peacefully and naturally." The treatment consists simply in suggestions, although the parts chiefly affected are gently manipulated by the operator. In the case of dyspepsia, the patient is told kindly that the pain from which he suffers is to pass away; that the normal condition of the functions is to return, and, finally, that his complaint is to be entirely cured, when the sleeper is aroused from his oblivion by a word or a few passes of a fan, and another comes in to go through the same performance. A like operation is repeated the succeeding day, and even after the first *séance* the patient will express himself as feeling much better and anxious to continue the treatment.

To use a favorite expression with Da Costa, we might say, "Is this all? No, this is not all, but it is all that we know." Of course, there are side-lights to this matter which it would be profitable to consider, but space is lacking. It would be interesting to know if any one can operate with the same effects, and if all persons are thus susceptible, and what influence the operator may have over his patient besides that of removing disease; but we cannot go into that here, and must refer the reader to the paper in question, which will be found a valuable contribution to our knowledge upon this extremely interesting subject. One observation may be made in concluding this short sketch which apparently gives the key-note to the whole matter. It is the fact that the operator can so influence the mind of his subject during the hypnotic period that when the patient is removed from his presence that instruction will be ever present and all powerful, and no matter what may be the consequences of the act, his advice will be strictly followed. An opportunity is thus afforded for monopolizing the patient, as he may be so impressed that no other person can bring him under the spell. That matter was illustrated to the satisfaction of Dr. Tucky, who saw a patient whom another operator failed to influence subjected to the suggestion of Liébault. During the hypnotic period she was asked why the first operator had failed, and was told that a certain operator had instructed her not to be influenced by any one except himself and Liébault.

CALOMEL AS A DIURETIC.

CALOMEL as a diuretic has recently received numerous plaudits, and quite a large number of physicans are trying to account for this action, which has not heretofore been recognized by experimental physiologists If those who have occasion to exhibit a remedy for the relief of ascites, say, for example, the ascites connected with kidney or liver affections, will use calomel instead of elaterium, as is done frequently; they will be greatly surprised at the results. This action is the more noticeable when to the calomel is added a small quantity of magnesia sulphate; about five grains of the calomel to be given in the afternoon or during the evening in divided doses, followed the next morning by a teaspoonful or more of Epsom salts, well diluted with cold water. The rapidity of osmosis in this condition will be a revelation to those not familiar with this method of treatment, and one of the most commendable features is that the plan is a safe one, and it is not required that the patient be so closely watched as when digitalis and other remedies are exhibited. The writer recalls the case of an elderly gentleman suffering from Bright's disease who presented a most unpromising appearance when first seen. This patient had not been able to lie down for the six weeks preceding by reason of the accumulation of fluid in the abdominal cavity and œdema of the extremities. The legs were very hard and the skin looked like leather, while the feet and ankles were constantly weeping. The scrotum was about the size of a double fist, and not more than four ounces of water was passed in the twenty four hours. Calomel and magnesia sulphate removed the accumulations, and the patient lived for over a year after, although at the time when first seen it was doubtful if he would survive a week. Should any of our readers try this method we shall be pleased to have them report the results of treatment.

END OF SCOTCH OATS ESSENCE.

IN the issue of this journal for May and June, 1888, it will be remembered that articles appeared in the editorial columns condemning a proprietary preparation called "Scotch Oats Essence," and now that the company has been

sold out by the sheriff, along with more than half a hundred gross of the "stuff" at four cents a bottle (retail price one dollar), the advice then given may be repeated here. On page 158 the preparation was referred to as follows: "This compound should be energetically denounced. The attention of the public hygienists should be called to it, and every possible individual effort should be made to deter persons from the use of an article which is said to be not only lacking in all the medicinal powers claimed for it, but has the additional objection of being actively poisonous." Of course, we shall not contend that our strictures upon the preparation acted as a factor in producing its downfall, because it lacked the important inherent qualities for self-support and self-sustenance, but we refer to it again for the purpose of indicating the side upon which every conscientious medical man should be found in cases of this character.

COLLEGE CAPERS.

AT this writing we learn from press dispatches that the students of the University of New York have organized a rebellion on account of the action of the Faculty, led by Professor Loomis, in refusing to appoint Professor Weisse to the Chair of Anatomy made vacant by the promotion of Professor Stimson to the Chair of Surgery formerly occupied by Professor Wright. The students claim that the resignation of Professor Wright was largely due to the opposition shown toward him by Professor Loomis, and that he has been instrumental in having Professor Stimson appointed to the vacant place on account of a marriage relationship; but not satisfied with this, he now desires to introduce to the students Dr. Woolsey, whom he wishes to appoint to the vacant Chair of Anatomy, although he is not even a graduate of the school. The students also say that they have been taught by Professor Weisse in the Department of Practical and Surgical Anatomy, a branch requiring even better qualifications than that of Professor of Anatomy, and they cannot understand why the other members of the Faculty should object now, when they have been advised to purchase Professor Weisse's book and listen to his teachings as if they were gospel. In attempting to quell the riot, Professor Loomis has been twice hooted out of the room, and the question put to everybody about the institution is, "What's the matter with Weisse?" But no one this far has been able to answer the conundrum.

Occurrences of this kind are to be avoided by conciliation and by a proper regard for the rights of the students, who are entitled to have the conditions offered in the prospectus fulfilled, at least in respect to teachers and the rules governing the school. Furthermore, it should be noted that a medical college cannot be successfully conducted by and for the individual interests of any one man, and the sooner this is understood the better it will be for the institution. Jefferson Medical College at one time experimented in this direction, but the results were so unsatisfactory that the attempt was abandoned, and Professor Bartholow was allowed to retire from the Deanship. It is but a few weeks since that the medical journals from abroad gave an account of a revolt among the Dublin students on account of an attempt to amalgamate all the schools in that city. The students were warranted in offering objections to the plan, as they had made their arrangements with a view to attend the instructions of certain teachers, and in case of consolidation their plans would be thwarted. Medical students are entitled to certain rights and privileges, and when refused, a show of resistance to arbitrary decisions, and especially the decisions of one man, is about the only way in which their wrongs can be righted. It is to be hoped in this conflict a more conciliatory spirit will prevail, and that peace may be restored on a healthy footing without compromising the dignity of either side..

A NEW COLLEGE BUILDING.

WITH no small degree of satisfaction do we announce that the new building of the Medico-Chirurgical and the Philadelphia Dental Colleges of this city is now nearing completion, and arrangements are now being made to have this handsome, edifice dedicated on the 26th of the present month. The number of matriculates this session in both schools is

much larger than at any previous term, and a well qualified and active corps of Professors, Lecturers, and Demonstrators are in daily attendance. By their work they show a determination not to be outdone by those of other institutions, and although the present quarters are not as commodious as they would like, no more earnest students are to be seen in any schools, and we bespeak for the institutions a happy and prosperous future.

MEDICAL NEWS AND MISCELLANY.

YELLOW FEVER has found its way to the Canary Islands.

DR. BUCKBY has removed to 1744 Diamond Street, Philadelphia.

DR. A. E. ROUSSEL has located at 1622 Chestnut Street, Philadelphia.

DR. C. L. DODGE, of Kingston, N. Y., paid a flying visit to this city in December.

A CONTROVERSY over Dr. Mackenzie between two medical students in Berlin resulted in a duel.

PROFESSOR LEIDY, of the University of Pennsylvania, has been awarded the Cuvier medal by the French Academy.

DR. GEORGE M. STERNBERG has begun a series of lectures upon "Bacteriology" at the Hoagland Laboratory, Brooklyn.

A PORTRAIT of Professor Agnew is to be presented by the students to the University, in accordance with a long-established custom.

SYPHILIS and the nervous system is to be the subject of Dr. Gower's Lettsonian lectures, commencing at London, January 7th.

TO SUCCEED Professor Agnew the Faculty has indorsed Prof. John Ashhurst, Jr., and for the Chair of Clinical Medicine Professor Tyson.

FOR a year's professional services to Mr. Robert Garrett, of the Baltimore and Ohio Railway, Dr. H. B. Garter has brought suit for $30,000.

THE annual meeting of the Medico-Legal Society was held on the 12th of last month at the Fifth Avenue Hotel, N. Y. Clark Bell was re-elected President.

WEEKLY abstracts of sanitary reports have been regularly received from Surgeon-General Hamilton, under the charge of the Treasury Department at Washington.

FOR the reproduction of writings, music, drawings, or type-writing, the Cyclostyle Company has been awarded the John Scott medal by the Franklin Institute, of this city.

DR. HENRY LEFFMAN has been elected pathological chemist to the Jefferson Medical College Hospital, a new position created by the Trustees, to which Dr. Leffmann was elected by the unanimous request of the Faculty.

SECRETARY BAKER, of the Michigan Health Board, sends regular monthly reports of the conditions respecting disease in that State, which show very thoroughly the prevalence of the different diseases in that department.

A DELICATE surgical operation was lately performed at the Medico-Chirurgical Hospital by Professor Garretson. A cyst was removed from the thyroid gland, and the patient is making satisfactory progress toward recovery.

AN outbreak of diphtheria has taken place at a small place in the neighborhood of Melbourne, Australia, where there is good evidence to the effect that the germs of the disease were conveyed from place to place through the agency of cats.

THE recent appointment of Surgeon-General Hamilton as editor of the Journal of the American Medical Association is meeting with approval throughout the country, if we accept as a criterion the remarks made by the different medical journals.

THE Boylston prize of four hundred and fifty dollars has been awarded to Dr. George H. F. Nuttall, of San Francisco, the subject of the essay being "A Contribution to the Study of Immunity." There is evidently no malaria in that section of the country at this writing.

DR. BENJAMIN LEE announces a course of lessons on "Massage and the Simpler Swedish Movements," to be given at the Movement Cure Hall, 1532 Pine Street, this city. The course will extend over a period of two months, requiring daily attendance, for which the fee is one hundred dollars.

COTTON-SEED oil is to be introduced to take the place of lard in the culinary department, and a company has been organized for the purpose of putting the product upon the market. We shall watch the result of this attempt with some interest, as the use of cotton-seed oil has heretofore been regarded as rather out of the usual run.

All fluids capable of containing leucocytes exhibit the blue color with tincture of guaiac. Hence, saliva, mucus from the nose, milk, exhibit the blue coloration, but more slowly and feebly. If filtered, these fluids produce no reaction.—*Bollettino farmaceutico, Journal de Médecine de Paris.*

In January, 1889, there will be issued from the press of A. L. Chatterton & Co., New York, a new quarterly, entitled The Journal of Ophthalmology, Otology, and Laryngology. It will be edited by Geo. S. Norton, M.D., assisted by Chas. Deady, M.D. Subscription price, three dollars per year.

At the meeting of the American Public Health Association last November the decision of the judges in regard to the disposal of the Lomb prizes caused quite a flutter of excitement. The number of essays submitted amounted to some sixty, but only a single prize was awarded, none of the others being up to the standard.

Dr. W. W. Ireland, the author of "The Blot upon the Brain," will shortly issue a gallery of eccentric or insane persons who have had much influence upon men. The list will include, among others, Swedenborg, Louis Riel, Guiteau, Theodore of Abyssinia, King Theebaw, and Malagrida.

The Woman's Hospital, of New York, has been deprived of the services of that eminent gynecologist, Dr. T. Gaillard Thomas, who recently resigned his position as Surgeon. In deference to the wishes of the Medical Board the Board of Governors will not at present make any appointment to fill the vacancy.

The water supply of cities and towns is a matter of no small importance, as it may be put to such uses as will endanger the lives of the community. A case of this nature recently came under the observation of the health officer of Calcutta, where an outbreak of cholera followed upon the adulteration of the milk supply from an impure source.

Yellow Jack has finally subsided and the people have again begun their daily toils, the first matter demanding attention being the thorough disinfection of the affected portions of the South. The embargo against travel has been removed, and it is to be hoped that another summer will not witness a repetition of what has gone before.

Since the 1st of March last no less than eighty cases of insane persons have been picked up on the streets of this city, and through the instrumentality of Dr. Andrews they have been promptly placed under treatment with great benefit, many of them having recovered under proper care who would otherwise have brought up in the asylum.

For the purpose of cleansing the finger-nails a brush and soap should always be properly used, and since the experiments of Dr. Mittmann, of Wurtzburg, have shown that the accumulations under the nails may contain bacteria, this simple precaution appears all the more necessary. It is a simple but absolutely necessary duty of the accoucheur and the surgeon, and should be the invariable practice of the physician.

President Carnot, of the French Republic, on the 14th of November opened the Pasteur Institute with formal ceremonies in the presence of a large and select audience, and when Pasteur himself advanced to deliver his address his appearance was the signal for a popular ovation. His address referred more particularly to those who had assisted him in the organization of the Institute.

To Medical Microscopists.—In behalf of "The American Association for the Study and Cure of Inebriety," a prize of one hundred dollars is offered by Dr. L. D. Mason, vice-president of the Society, for the best original essay on "The Pathological Lesions of Chronic Alcoholism Capable of Microscopical Demonstration." Gentlemen wishing to obtain particulars concerning the matter, are requested to correspond with Dr. John E. Weeks, 43 West Eighteenth Street, New York.

First Doctor—"Got back already from Arizona?" Second Doctor—"Yes; I don't like it out there." "What's the matter?" "If you have a case of small-pox and don't report it to the Board of Health, you are fined and imprisoned. If you do, the relatives fill you full of buckshot. It aint a healthy country for a young doctor."—*Medical Standard.* In this section the methods are more refined. Instead of using shot-guns the relatives bring a suit for damages.—*Ex.*

The Monthly Register.—The Philadelphia Society for Organizing Charity continue to issue a most excellent Register every month containing some valuable reading-matter, especially for physicians. Dr. James W. Walk, of Philadelphia, actively represents this useful periodical, and the practical value of the journal, as well as of the Society, is due very largely to the Doctor's energetic work in their behalf. Dr. Walk has succeeded in a most remarkable manner in accomplishing an untold amount of public good through his efforts in organizing and perfecting this charitable Society in Philadelphia.

The use of strophanthus tincture is recommended for the relief and cure of exophthalmic goitre, and it has been suggested that it may be reinforced by ergot with advantage; the former may be given in doses of from two to five minims three times daily, and the latter a drachm or half that quantity at bed-hour. It is believed that the strophanthus will lessen the rapidity of the heart's action, and that the ergot will have its characteristic action upon the arterioles supplying the thyroid body.

EDGAR S. WERNER, 48 University Place, New York city, announces a book containing the full official report of the German physicians and that of Sir Morell Mackenzie in the case of the Emperor Frederick III. The German report is translated by Dr. Henry Schweig, of New York city. All the illustrations will accompany the work, and it will, therefore, be as complete as it is possible to make it.

ACCORDING to Dr. Park, of Buffalo, and his assistant, Dr. Matzinger, "the oxide of zinc has all the good properties of iodoform and scarcely any of its disadvantages" as an antiseptic, and he says that it has yielded experimentally and clinically just as good if not better results. These observers also claim carbolic acid, hydronaphthol, boric acid, and quinine are all superior to iodoform as antiseptic agents, a very complete summary of their work appearing in a late issue of the Medical News.

MEDICO-CHIRURGICAL HOSPITAL. — During the month of November the work of this Hospital included one hundred and twenty surgical and one hundred and sixty-three medical cases, with specialties of throat, eye, and skin diseases, bringing the total up to five hundred and fifty-six; whole number of visits, seventeen hundred and twenty-seven. Number of accident cases, twenty-nine; number of patients at the end of the month, forty-nine.

THE Michigan State Board of Health recommends the bovine vaccine virus propagated by E. L. Griffin, M.D., Fond du Lac, Wis., and any familiar with the thorough measures followed out by this enthusiastic pioneer will have no hesitancy in recommending it in all cases. The writer some years ago had the pleasure of visiting his farm at a time when visitors were unexpected, and found everything in excellent condition.

ON account of the publication in the British Medical Journal of the fac similes of the Emperor's handwriting to his physician, Dr. Mackenzie, it is said Dr. Jenner threatens to resign from the Association; but he had no thoughts of such a course when attending the Prince of Wales and publishing the "Secrets of the Sick-chamber." A correspondent of the Pall Mall Gazette intimates that it is in keeping with his practice, as he has so often resigned before that it has become a sort of second nature.

A POLYCLINIC has lately been organized at Cincinnati, and although the institution is no stronger than a Reed, yet it has a Thrasher as well as a Hall, and it has a Longstreet besides. There is a Rover in it, but as they also have a Taylor they will doubtless stick, because they have the Ricketts. A Neff has not been said to Kemper it with others of the kind, but that will be evident as soon as things get to Boylan. The new organization has our best wishes for success.

THE AMERICAN ASSOCIATION OF OBSTETRICS AND GYNECOLOGY.—This Association is composed of the young and progressive element of the medical profession who are interested in the specialties of obstetrics and gynecology. Nearly all the members have made many learned contributions to the medical press, and are well known in this country and in Europe. The first meeting was held in Washington at the meeting of the Congress of Physicians and Surgeons, and the abstracts of the transactions published in the medical journals indicate that the complete proceedings, when given to the medical profession, will be of a high standard of scientific excellence.

AN organization known as The Sunshine Mission has been incorporated for the purpose of instructing domestic help in the matter of housework in all its branches, and those persons taking a full course will be granted diplomas signed by the proper officers. Those taking but a partial course will be furnished with a certificate stating the branches in which they are qualified and suggesting the salary they are entitled to be paid for such work. Branches are shortly to be established in all of the larger cities, and in time we shall hear only of trained domestic help—an innovation which will no doubt prove very acceptable to physicians as well as the public.

As a means of establishing cordial relations between patient and physician it is a good plan to call for a napkin or a towel, the corner of which has been dipped in clean water, for the purpose of cleaning the thermometer when it has been used in the mouth. The patient then has the best evidence that it has been subjected to a similar process when used upon the preceding patient, and does not fight shy of having it inserted under his tongue. Some physicians prefer to use it in the axilla, but that method is not always convenient, and, besides, it takes up a great deal of unnecessary time, and unless the greatest care is observed on the part of both patient and doctor it is liable to slip, thus giving an incorrect result, by which the physician is misled as to the conditions present.

TEST FOR PUS.—Vitali recommends the tincture of guaiac as a very delicate test for pus, while, at the same time, it can be used conveniently at the bedside upon the urine in the commode. Leucocytes possess the property of ozonizing oxygen and of coloring the resin of guaiac, therefore, blue without any intermediate process. This reaction is a very energetic one, even with pus that has been altered by fermentation or dried by spontaneous evaporation. The

reaction also occurs in the urine of hæmaturia provided a certain amount of hæmoglobin is present.

ANTISEPTIC SOLUTION.—By Dr. Rotter, Munich, Germany:—

℞ Corrosive sublimate,	gr. j.
Chloride of sodium,	gr. v.
Carbolic acid,	gr. xl.
Chloride of zinc, sulphocarbolate of zinc, each,	gr. c.
Boric acid,	gr. l.
Salicylic acid,	gr. xij.
Thymol, citric acid, each,	gr. ij.
Water,	f℥xl.

Though the solution seems a very weak one, it is said that in some trials of it at the Munich hospitals it has given great satisfaction, producing complete antisepsis at an infinitesimal cost.—*Pharm. Record*, December, 1888.

REMOVING SOLIDS FROM THE STOMACH BY EMESIS.—A correspondent of an English journal writes: "A patient of mine recently swallowed a plate (gold, with two teeth), and I immediately adopted a practice recommended to me some years ago by Sir James Paget in a similar case. I made him eat three good-sized slices of bread and swallow four tablespoonfuls of flour and water made into a fairly thick mass. I then administered an emetic, and the teeth returned entangled in the tenacious vomit. I may add that something of this sort is habitually done at police stations, when prisoners arrested for passing false coins swallow them."—*Druggists' Circular.*

TURPENTINE has long been regarded as a prophylactic against phosphorus poisoning, and has been recommended in this country, the suggestion being that French turpentine or very old turpentine was more efficient than any other. We now learn that a committee has lately been appointed by the Council of Public Hygiene for the Department of the Seine, Paris, to look into the matter and obtain all the information possible. The custom has been for those exposed to phosphorus to wear a small bottle of turpentine suspended from the neck by a cord, and thus the person was always cognizant of the fumes of the prophylactic agent.

CROWLEY'S BRAIN—Crowley was a chimpanzee—has been examined by Dr. Spitzka, who finds that it weighs less than one-third that of a human brain, but in the course of the examination he made an important discovery. At the floor of the fourth ventricle in intelligent persons there are what are called auditory streaks, which are supposed to have something to do with hearing and the power to distinguish the different words of a language, and in the brain of this chimpanzee were found faint, white streaks in this area, a fact more remarkable when it is borne in mind that in deaf-mutes these auditory streaks are not to be found.

NOT a little excitement has been caused lately in this city by the opening of a private dispensary for the treatment of all classes of diseases at reduced rates. The undercutters, in this instance, are men tolerably well known in medical circles, but apparently not as well known as they would like to be, and for the purpose of booming their qualifications the catch-as-catch-can plan has been adopted, and all the principal mills and factories circularized, as well as private families, much to the disgust of many respectable practitioners who are anxious to do a legitimate business. The British Medical Journal in speaking of such projects refers to it as a discreditable system, not only derogatory to the profession, but injurious to the true interest of the public.

CLINICAL RESEARCH.—The Committee on Clinical Research of the Medical Society of the State of Pennsylvania earnestly begs leave to solicit members of the State Medical Society to send it some account, however brief, of whatever of clinical interest may occur in their practice during the coming year, be this material in the shape of notes (short or elaborate), pathological specimens, photographs, or description of such, slides, etc.

The special object of this plan, as set forth in the resolution, shall be to encourage the writing of papers by those who have not purposed doing so, and to increase the scope and interest of those who had so determined by adding to their own observations those of others on kindred subjects.

By hearty co-operation with this plan, any writer can collect observations of a far greater number of cases than is possible from those made in hospitals, whence necessarily nearly all statistics are now drawn.

Any member of the State Society who shall send a specimen to this Committee may, if he so desire, have it exhibited in his own name before the appropriate Society, where it will receive the attention of the largest possible audience. After this the specimen will be returned to its owner or deposited wherever he may designate.

If any member desire to prepare a systematic paper involving the collection of a large number of clinical observations, he may, through the Secretary of the Committee, send out letters of inquiry to the members of the State Medical Society of Pennsylvania, provided he defray all the expenses of printing, postage, etc., which may be incurred.

John B. Roberts, M.D., Chairman; J. Madison Taylor, M.D., Secretary, 331 South Sixteenth Street, Philadelphia.

GUM-CHEWING has recently attracted attention from a therapeutic standpoint, the New York Medical Journal suggesting that it may be of advantage under certain conditions; by increasing the flow of saliva when used at the proper time it may act as an aid to the digestion of amylaceous substances. Incidentally it will be useful in cleaning the teeth, and may exert a wholesome influence upon the pharynx, especially when catarrhal conditions are present. To these suggestions we cannot agree, and for the following reasons: Gum-chewing to increase the saliva, except at the time of taking food, can have but one effect, that of overstimulating the salivary glands. The saliva caused to flow will be practically of no value, because as it is taken into the stomach, it there comes into contact with the acid gastric juice and is destroyed. For the purpose of cleaning the teeth other and more appropriate methods are to be had, and while its influence upon the pharynx in a comparatively limited number of instances may be beneficial, there must be hundreds of healthy persons who by this practice effectually weaken the tissues by the injudicious use of this substance.

MAXIMUM DOSES OF NEWER REMEDIES.—Dr. B. Fischer (Western Druggist) has compiled a table of the maximum doses of the following that can be safely administered at one dose and during twenty-four hours respectively:—

(To be given with the utmost caution.)

	Single dose.	In 24 hours.
Erythrophlœin hydrochlorate	0.10	0.03
Mercury carbolate	0.03	0.1
Mercury formamidate	0.03	0.1
Mercury peptonate	0 03	0.1
Mercury salicylate	0.03	0.1
Hyoscine hydrobromate	0.001	0.003
Hyoscyamine sulphate	0.001	0.003
Nitro-glycerin	0.001	0.005
Strophanthine and its salts	0.0005	0.003

(To be given with caution.)

	Single dose.	In 24 hours.
Acid hyperosmic	0.015	0.05
Agaricin	0.015	0.05
Amylene hydrate	4.0	8.0
Acetanilid (antifebrin)	1.0	3.0
Cannabin tannate	1.0	2.0
Cannabinon	0 1	0.3
Cocaine hydrochlorate	0.1	0.3
Guaiacol	0.1	0.5
Hashish	0.1	0.3
Hydroquinon	0.8	1.5
Hypnon	0.5	1.5
Iodol	0.2	1.0
Potassium osmate	0.015	0.05
Kairin	1.0	4.0
Methylal	4.0	8.0
Resorcin	3.0	10 0
Sparteine sulphate	0.03	0.1
Sulphonal	4.0	8.0
Thallin sulphate	0.5	1.5
Thallin tartrate	0.5	1.5
Strophanthus, tincture of	1.5 (10 min.)	5.0

The doses given are in grams and fractions, a gram being a little more than fifteen grains.

TREATMENT OF PURULENT PLEURISY BY FREQUENT PUNCTURES AT SHORT INTERVALS.—Professor Desplats, of the Lille School of Medicine, advocates this plan in preference to drainage through a permanent opening. The following are his conclusions:—

1. When you suspect a purulent effusion do not wait, but make at once one, two, three exploratory punctures.

2. If the exploratory puncture reveals the presence of pus, evacuate immediately.

3. Having evacuated the pus, you ought to prevent a new collection by puncturing as often as is necessary, and at frequent intervals, without fearing white punctures. (This practice has the advantage of preventing the effects of the accumulation of pus and of favoring the reunion of the walls of the pouch. If, later on, pleurotomy is necessary, you will not open the pleural cavity, but an encysted pouch.)

4. If the punctures do not suffice, or if they should have to be repeated too often, introduce a permanent siphon, avoiding the introduction of air.

5. Finally, if you meet with a septic centre for the disease which the early punctures do not modify, if, above all, the pus has a gangrenous odor, open freely without waiting. In such a case only will you wash out the cavity with antiseptic, cleansing lotions.—*Le Scalpel.*

RECTAL ECZEMA.—Dr. Monroe, of Louisville, says: "Rectal eczema is a frequent but very unmanageable rectal disorder. Several cases treated by galvanism gave good results. They had previously failed to respond to all remedies other than temporarily. Some three months ago I decided to try the galvanic battery. I applied the negative sponge electrode to the back, and passed a uterine steel electrode, attached to the positive pole, over the eczematous surface for about ten minutes. (I used eight cells.) My patient reported on the third day. He had not had any itching since I made the application. This treatment has been continued ever since about twice a week. No further eczema—the parts have assumed a natural appearance. I have now used it on six other patients, and, so far, with the same happy results. I have given my patients three drops of Fowler's solution of arsenic in a glass of water thrice daily. This has been all the medication used during the treatment. Most of them had taken the arsenic before without benefit. I do not know whether my patients are permanently cured or not, since they do not like to stop treatment from which they have derived so much relief.—*Medical Standard*, October.

VEGETARIANISM AND INEBRIETY.—According to a brief note in a late issue of the British Medical Journal, the latest "infallible cure" for the "alcohol plague" is vegetarianism, and, as is generally the case with these highly lauded cures, the leader of the gang is invisible, but the won-

derful claims are flaunted abroad with a clerical tail. In this instance the indorser of the scheme is no less a personage than Archdeacon Farrar, who has lately announced vegetarianism to be "an absolute remedy for the curse of drink." But, like many other clerical commendations, the Doctor does not take his own medicine, as we are informed that he has shown no disposition to eschew beef and other flesh, so we may conclude that he has kindly given it his indorsement for the purpose of helping along the cause, for no one will be inclined to seriously consider the statement as representing the opinion of even a minority of the medical profession. As well might it be assumed that vegetarianism would remove the morphine habit, or that hydropathy would prevent people from everlastingly finding fault with their surroundings, such as the weather, the crops, the newspapers, politics, and a thousand and one other things which nobody ever thinks of attempting to remedy. The abuse of alcohol will continue to the end of time, just as certainly as syphilis and venereal affections attend upon prostitution. Instances will occur from time to time in which it may be true that a vegetarian dietary is conducive to temperance, but, on the other hand, a similar habit as to food will as surely be followed by a longing in others for the accursed drink, and debauchery will be the final result. No one can have a keener sense of the suffering and degradation brought to humanity by the use of alcohol than the physician, but practically his hands are tied. The minister may moralize, the doctor scold, the political economist waste his time estimating the daily loss to the country, but all to no purpose. Drunkards are bound to make their appearance, meat or no meat, the believers in the doctrine of vegetarianism to the contrary notwithstanding.—*Ed. Medical Register.*

The Microbe of Acute Articular Rheumatism.—Popoff states that after prolonged and laborious researches he has succeeded at last in discovering and isolating the pathogenic microbe of acute articular rheumatism. Having obtained, with all sterilizing precautions, a drop of blood from the finger of a febrile rheumatic patient, the writer introduced it into a test-tube with meat-peptone bouillon kept at an ordinary room temperature (18° or 20° R.). By the end of ten days there was found a superficial growth in the shape of "islets of a bright lemon-yellow color." "Similar citrine patches, having the consistency of a somewhat thin jelly, were obtained also on the potato-slice." Under the microscope "the patches proved to consist of motionless cocci, partly isolated, partly forming rows or chains." The cocci were "smaller than those of Nessler, but larger than those of erysipelas." They took in Weigert's gentian violet. The identical micro-organisms were also detected by Popoff at the post-mortem examination of a rheumatic subject in the synovial fluid from inflamed joints and "in the heart." An injection of the cultures into the external jugular vein in two rabbits "gave rise to acute articular rheumatism with pericarditis and endocarditis." In both of the animals (subsequently killed) the blood, synovial fluid, and "sections from the heart" were found to contain the same micrococci. The staining procedure is given thus: "Specimens are placed into Weigert's solution for half an hour, and are gently heated every five minutes. Sections from the tissues (heart) are kept in the solution for twenty-four hours. After washing out with distilled water they are put for five minutes into Gram's iodine solution, then into alcohol, and, after drying, are mounted in Canada balsam. The tissue specimens should be kept, in addition, before mounting, in clove oil."—*Meditz. Pribav.*

Quinine and the Brain.—Dr. S. T. Yount, Lafayette, Indiana ("Med. Waif"), after experiments with quinine on a child, the only covering of whose brain were the membranes, concludes: "1. Quinine first produces an acute congestion of the brain and meninges in children, which will pass completely off in a few hours. 2. Quinine repeated every two hours to an infant (in sufficient doses) will keep up the congestion, and will eventually terminate in an acute inflammation. 3. Quinine, secondarily, has a sedative action on the brain. This secondary sedative action does not begin before two or three hours, oftener or sooner, according to the dose given. 4. Quinine in minute doses (one-twentieth and one-fortieth of a grain) produced no perceptible fullness of the brain, which proves that tonic doses will be safely tolerated. 5. Quinine, given with potassium bromide in equal parts at the same time, loses one-half of its brain-stimulating quality. 6. Quinine given with ergotine in equal parts at the same time, in solution, loses one-half of its congestive properties. 7. Quinine given with potassium bromide and ergotine in equal parts loses fully 75 per cent. of the congestive property." Dr. Yount says that the membranes of the brain were normally of a reddish, shiny, grayish color, and were wrinkled. The first action of the quinine was to color the membranes. This was distinctly noticeable in fifteen minutes after its administration. In from fifteen to thirty minutes more the brain seemed to swell up, and the membranes became more injected and more tense. The full congestive action had reached its climax by the end of the first hour and a quarter. Repeated doses every hour seemed to make the brain fuller and the membranes more tense and injected with each dose. When the dose was repeated every two hours the congestion was extremely marked. Repeated

every three hours, intervals would occur when the brain substance returned to almost its normal color, but after several doses notable general congestion would result, lasting six hours. The child was given two grains. As a result, the brain became rapidly congested, the membranes highly injected. In one hour and twenty minutes the child had severe and repeated convulsions, which terminated its life. It must be confessed that it is difficult to justify these experiments.—*Medical Standard*, December, 1888.

Dr. A. Raoult has reviewed in the Progrès Médical some recent investigations upon the following subjects:—

Paraldehyde.—This acts first upon the cerebral gray matter, producing sleep, and then upon the medulla, and finally upon the spinal cord. Administered in a fatal dose, the functions of the medulla cease, but respiration is abolished before cardiac contraction. Its hypnotic action is not preceded by a period of excitement, as in the case of other remedies of the same class. It is admirable in insomnia of febrile cases and in nervous and mental diseases. Paraldehyde is a hypnotic, not an analgesic. Its effects resemble those of chloral, but without the heart disturbance, so that it can be employed in adynamic states with perfect safety. Its bitter, penetrating taste may be concealed by the syrup of bitter orange-peel. The minimum dose is one drachm, but it is better to give it thus and repeat every hour until the desired effect is produced.

Agaricine.—This may be given in doses of one-twelfth to one-half grain. It has been employed in cases of abnormal secretion, particularly the sweating of phthisis. It is well to continue it with atropine, opium, or Dover's powder, for it frequently causes nausea, abdominal pains, and diarrhœa.

Strophanthus.—The action of this drug is upon the cardiac muscle, the contractions of which become more energetic, and increase thus the blood pressure. After the same manner is the renal secretion affected by it. It also lowers the temperature. It will advantageously take the place of digitalis, as it does not produce contraction of the arterioles, like the latter. In the hands of the author it has produced no gastric troubles, nausea, or vomiting. Its diuretic action is not fully established. It is preferable to administer it in small doses, frequently repeated, rather than in large doses.

Pyridine.—(C_5H_5N) is a colorless, volatile liquid, with a sharp, piercing odor and taste, which is extracted from bones and coal tar. It is found also in the combustion products of tobacco, nitre-paper, and other organic substances. It is a stimulant of the motor centres and nerve terminations (Harnach I. Meyer). According to Bochefontaine, it is also a local irritant, and when injected into the blood-current produces death by paralysis. It diminishes the reflex excitability of the cord and of the respiratory centres (G. Sée). It excites the fifth nerve and the respiratory centre, which it afterward paralyzes (Silva). When employed internally it diminishes the number of heart beats, while increasing the force of the systole; it increases the blood pressure and steadies the action of the heart; it also diminishes the frequency of the respirations (Rienzi). It is recommended in asystole and in angina pectoris in doses of six to ten drops a day, increasing up to twenty-five. It may also be employed by inhalation either directly or mixed with water.

Canadol.—Extracted from naphtha. This is a limpid, volatile, very inflammable liquid, having the odor of benzine and being insoluble in water and alcohol. A local anæsthetic by vaporization (thirty to ninety seconds), it is useful in minor operations in place of ether.

Cytisine.—A contraction of the walls of the blood-vessels seems to be the principal effect of this drug. After the administration of one-twentieth grain of the nitrate an attack of migraine disappeared in half an hour (Kraeplin).

Scopoleine and Rotoine.—Two substances obtained from scopolia japonica. They produce dilatation of the pupil like atropine and daturine. According to Schmidt, of Marbourg, scopoline is a mixture of daturine, atropine, and hyoscine. Rotoine is a combination of alkaline bases with fatty acids.—*Gazette Médicale.*

Surgery of the Abdominal Cavity (Dr. Zielewich).—Laparotomy has ceased to be the bug-bear to physician and patient that it once was; still, the results of this admirable procedure are only too often unfavorable. Better results must be looked for when experience shall have fully developed the technicalities which close clinical observations must teach us. As laparotomies do not frequently fall to the share of the country surgeon, it is essential that observers shall publish reports which shall be of scientific value for these men. The author publishes five cases of laparotomies for the following causes: Intestinal invagination, empyema of the gall-bladder, echinococcus of the liver, diagnostic laparotomy in carcinoma of the pancreas, and chronic abscess in the abdominal cavity. The cases all ran a favorable course. The following rules to be observed in laparotomy were appended to the paper:—

1. Disinfection of the patient prior to the operation by taking two warm baths and brushing the whole body with soap and carbolized water.

2. The laparotomy is to be performed in a room in which no suppurating wound shall be dressed or operated upon. The furniture of the

room shall consist only of a bed, an operating-table, a small iron stove, and in hospitals an instrument closet. The temperature shall be in the beginning of the operation from 14° to 15° R. The floors and walls must be scrubbed and irrigated with a 1–1000 solution of corrosive sublimate before every operation.

3. The abdomen and genitals are well brushed with a warm 3 per cent. solution of carbolic acid and soap before the operation. The temperature of these parts is maintained during the operation by warm and moist compresses.

4. Sponges exclusively reserved for laparotomy are kept in a 3 per cent. solution of carbolic acid, and at the beginning of the operation are placed in a hot 3 per cent. solution of boracic acid.

5. The abdominal incision is made as small as possible, and then enlarged according to necessity.

6. Unless one has to contend with septic fluids it is not necessary to be particularly pedantic in the toilet of the abdominal cavity.

7. The flaps are brought together by three continuous sets of sutures, the deeper one taking in the peritoneum only, the middle the muscular tissues, the superficial the skin. In the deeper sets catgut or silk is to be used, in the superficial one silk only.

8. No matter what kind of a laparotomy is done, the dressing is the same. Iodoform is dusted directly on the wound and covered with iodoform gauze. Over this is placed a thick layer of sublimated gauze, and over the whole abdomen a layer of antiseptic wool or cotton. This dressing is retained by wide gauze bandages previously soaked in a 3 per cent. solution of carbolic acid. The bandages are to be carried over the hips, as this will prevent their slipping upward.—*Berliner Klinische Wochenschrift*, 15, 1888.

Treatment of Extra-Uterine Pregnancy.—Dr. E. E. Montgomery, Philadelphia ("Proc. Amer. Obstet. Soc. and Gyn."), concludes respecting this:—

1. In every form of ectopic gestation, prior to the fourth month, fœtal life should be destroyed by faradic current.

2. Between the fourth and sixth months, life destruction should be by electricity, and some weeks later, laparotomy.

3. In rupture, immediately laparotomize, and remove sac contents and effused blood.

4. After the sixth month wait until viability is well established, and perform laparotomy, observing every precaution that separation of the placenta does not occur, close the sac above, and drain through the vagina.

5. In case of fœtal death, it should be removed by laparotomy a few weeks later.

6. Where the fœtus has become macerated and abscess results, its sinus should be enlarged, and fœtal residua removed.

Dr. A. Vanderveer, of Albany, said that "the abdominal surgeon needs to be perfectly familiar with the points of diagnosis, especially in the early stages. There is a class of cases in which a diagnosis can be made before rupture, and by the tenth week. Another class gives rise to no symptoms other than those of normal pregnancy before the rupture takes place. The first class are such patients as have been under care of the gynecologist perhaps for years. In such cases there will be the onset of menstrual disorders altogether new, severe recurrent attacks of pelvic pain, mammary and gastric disturbance, perhaps the expulsion of shreds of membrane. These symptoms, taken with the 'wine cast' vaginal hue, are valuable in many cases as early as the second month. Then, with the uterus displaced, laterally or forward, a soft cervix, patulous os, uterus enlarged, and a new growth behind or at one side, globular, and semi-fluctuant, gives a strong presumption of ectopic gestation. The use of electricity as a fœticidal agent is largely an American method of treatment. The strongest objection to it seems to be the untoward results after the operation. The operation for removal of an ectopic gestation product before rupture has taken place is an ideal method. There is no foreign body to be disposed of, and no serious after-effects are to be feared. When symptoms show that rupture has taken place, there can be no doubt that an immediate abdominal section is the only thing to do."

Clinical Society of Maryland.—At a stated meeting held November 2, 1888, Dr. N. G Keirle reported a case of death from electricity, with a description of the post-mortem changes:—

A freak of lightning will sometimes cause bones to be broken, viscera to be torn, etc. Again, only scratches are seen to show its trace. A man was killed by lightning, his hat was found to have a rent in it, and a little point of blood was seen on his head. Over the heart a parchment-like patch was observed. In turning the body over the skin peeled off as if it had no attachment. His pantaloons were in shreds below the left knee, but the skin beneath them did not peel off. Why did the lightning tear his clothes, etc.?

The case in which he had done the post-mortem was a lineman in the employ of the Electric Light Company of this city. The wire on which he was working was not insulated, and it was given in testimony at the inquest that workmen frequently take hold of the wire with no effect except a slight "shunt." It seems that he had cut the wire and thus took hold of the two ends. This connected the current, and instant death was the result. When the man was seen he was

very stiff. A wound was observed between the thumb and index finger of the right hand. There was no loss of substance found radiating from this wound; there was a brown eschar. What caused it? You cannot roast living tissue.

A thorough post-mortem was made; the appearance which was especially noticeable was the absence of blood in the heart. The right side was flabby, the left contracted; blood flowed freely on removing the calvarium; that might account for its absence in the heart. It is interesting to know what course the electricity takes in such cases. If all of the heart's cavities had been contracted we could understand how we could have an empty heart. The lungs were congested and the blood in them was fluid. Another corpse was charred all over. He was found lying upon his face with his legs flexed. The articulation of the astragalus was laid bare. The heart escaped injury. All over the body were seen patches of hard, pinched-like areas with little clefts between them. Some thought his position was due to crawling along the floor, others suggested that it might be due to stimulus to the muscles caused by the fire.

The post-mortem showed that the parietal bones and bones in general were reduced to a mineral condition. The dura mater was untouched, brain appeared somewhat rough as if rubbed on with something. The frontal sinus was open, as was also the antrum. How was this done? The eyelids were charred, and when lifted a yellowish substance was observed. It was punctured, the aqueus came out, and both lenses were found to be white; lungs were congested, larynx and trachea were red, and fluid stained with soot and smoke. The cause of death was suffocation. There was no evidence of violence. He would like to know the cause of the muscular contraction in this case and also of the condition of the heart in the case of death from electricity. In reply to a question from Dr. Canfield he said that he observed a vascular injection in about three inches of the upper part of the duodenum.

Dr. L. McLane Tiffany asked whether the man who died from electricity had a watch on or was there any kind of metal about the body? In regard to charring living tissue he had often used the cautery and produced undoubtedly this condition. He once had a man under his charge, a tramp, who had slept in a lime-kiln. He was partly asphyxiated when found, and one hand was charred black. The articulations were open and the bones resembled those used for anatomical demonstrations. He amputated and examined the part very carefully. It was much charred and certainly occurred during life.

Dr. Randolph Winslow reported a case of hydrosalpinx and exhibited the specimen. The patient was a white woman, aged twenty-seven years, married, and the mother of one child four years of age. She had suffered from leucorrhœa for two years, followed by pains in the left side, and an operation having been decided upon, the above condition was found in the ovary. The diseased ovary was removed, and the patient made a good recovery.

Dr. H. E. Knipp read a paper on leucocythemia, with the report of a case. Dr. T. A. Ashby read a paper upon laparotomy for ascites, and Dr. A. Friedenwald reported a case of optic neuritis, traumatic, the accident occurring in a young man, aged twenty-two, who had been assaulted with an umbrella.

THE DANGERS OF DIGITALIS.—In the last issue of this journal we took occasion to make some observations on the use of digitalis, and as there seems to be a general opinion prevailing that digitalis may always be used in the case of cardiac affections, there is a pressing demand for proper instruction on this point. Notwithstanding the assertions of physiologists and clinicians, which are often contradictory, the dangers from the inappropriate use of digitalis are real rather than imaginary. A suitable illustration of this danger is to be found in an editorial in the Therapeutic Gazette for April, 1888, in which the editor, Dr. Wood, says he has frequently been constrained to discontinue the remedy for a few days at a time when "employed in long cases of disease." In these cases he has used strophanthus, or some other cardiac stimulant, as an alternative, to avoid the dangers due to the continued administration of the drug. Were there not such serious objections to its use we should hear less about the different drugs brought forward to replace it, but, unfortunately, none have yet been found that will fully supersede it for the relief of cardiac derangements. Dr. Wood says by the employment of enormous doses for a length of time "patients have been enabled to go about their daily avocations, previously unable day or night to leave the chair. In almost all of such cases, however, death has come from sudden collapse whilst the individual was performing his daily functions, or, as in the recent case of a high church dignitary, whilst the man was sitting reading a book." The enormous doses here referred to are given at from a half to one drachm of the tincture, but we are disposed to think that many physicians do not regard these as enormous doses, and hence the greater is the need for caution in the administration.

The use of small or moderate doses in the treatment of valvular diseases has been well expressed by Professor DaCosta (American Journal of the Medical Sciences, November, 1888), but in his attempt to advocate the use of the old remedy and point out its surpassing virtues over those remedies of more recent introduction, he

has been betrayed into claiming too much for it. No drug can reasonably be supposed to act in two different directions at one and the same time, especially when the effect produced in the one way is diametrically opposed to the effect supposed to be produced in the other. A quotation of his words will more fully expose the fallacy of this claim and help us to illustrate the contradictory element with which we have to deal. Says DaCosta, page 441: "It (digitalis) makes the contractions of the cardiac muscle stronger and slower; it produces a fuller flow in the finer vessels." On page 444, again, he says: "Now, we must remember that the very remedy we use most in cardiac disease—digitalis—contracts the arteries and arterioles, and the indications are often to get with increased cardiac power a free flow in the vessels without resistance from them. No remedy does this; and a certain remedy of the kind is greatly needed."

After referring to the evidence in favor of strophanthus, this shrewd clinician speaks of the indications for the use of the nitrites to overcome this supposed action of digitalis upon the capillaries, more especially nitro-glycerin, and he also mentions that possibly belladonna and atropine in decided doses might have a similar effect, and closes by asking the following question: "Why can we not learn to combine nitro-glycerin or atropine with digitalis in right proportions, and obtain, where we so wish it, full cardiac power without resisting vessels?"

If the readers of this journal will refer to page 286 of the present volume they will find this question fully answered, so far as concerns nitro-glycerin, in an abstract quoted from an editorial in the Medical Bulletin upon the treatment of myxœdema. It is as follows: "When given in suitable doses, the effect of this remedy (nitro-glycerin) is to distend the blood-vessels of the periphery on the arterial side, but in order to accomplish this object in a satisfactory manner it should be given in very small doses—certainly not more than the two-hundredth of a grain; and doses of the two hundred and fiftieth to the five-hundredth of a grain, at intervals of two or three hours, would be far superior to any other medication which we possess at the present time. . . . . Large doses of nitro-glycerin, on the contrary, would defeat the very purpose for which it was given." Instead of decided doses of belladonna and atropine, we should be inclined to make tentative efforts with smaller doses, with a view to avoid the narcotic effect of the drug, and knowing the stimulating action of belladonna given in this way, much could be accomplished in the matter of increasing the peripheral circulation and maintaining compensation.

Still another consideration demands attention. Whatever drugs are used to overcome this action of digitalis should not be combined with it, but given separately. We are then in a position to increase or lessen the amount of either, while no change is made in the other items, which will be fully appreciated by those of our readers who attentively read the remarks in previous issues upon the importance of maintaining vascular tension, and those upon the pathology and treatment of so called spasmodic asthma.

In conclusion, we should add that these are subjects for clinical observation, and many of our readers are interested, and have had opportunities of estimating the value of our suggestions. Let us hear from you, gentlemen.—*Medical Register.*

BOOK REVIEWS.

CURRENT LITERATURE.

Sulfonal-Bayer: A digest of the more important publications on the new hypnotic. W. H. Schieffelin & Co., New York.

A Universal Medical Dictionary, including English, French, German, Italian, and Latin technical terms used in medicine and the collateral sciences. Lea Bros. & Co., Philadelphia. In press.

Relations of Certain Meteorological Conditions to Diseases of the Lungs and Air Passages, as shown by Statistical and Other Evidence. H. B. Baker, Lansing, Mich. Reprint.

Diseases of the Nose and Pharynx and Their Treatment. W. Cheatham, M.D., Louisville, Ky. Reprint.

Malaria and the Causation of Periodic Fever. H. B. Baker, Lansing, Mich. Reprint.

Gunshot Wound of the Abdomen (two cases), illustrating the use of rectal insufflation of hydrogen gas. N. Senn, M.D., Ph.D., Milwaukee, Wis. Reprint.

Fifteenth Annual Report of the Maternity Hospital, 734 South Tenth Street, Philadelphia.

Pennsylvania State College Agricultural Experiment Station. Bulletin, No. 5, October, 1888.

The Direct Method in Strangulated Hernia. G. W. Harris, M.D. Reprint.

Mineral and Thermal Springs of California. W. F. McNutt, M.D. Reprint.

Eczema: Its Treatment. A. E. Carrier, Detroit, Mich. Reprint.

Constitutional Prohibition: How Secured. Bishop S. M. Merrill. Taken from Thoughts on Prohibition.

The Radical Cure of Varicocele, Attended with Redundancy of Scrotum, Demonstrated by Time. M. H. Henry, M.D., LL.D., of New York. Reprint.

Neurokinesis and Resulting Neural Atrophy: The Common Nervous Troubles of Old Soldiers. Horace P. Porter, M.D., Oneida, Kan.

Inebriate Asylums and Their Work. T. D. Crothers, M.D., Hartford, Conn. Reprint.

The President's Address. Robert Battey, M.D., Rome, Ga. Reprint from Gynecological Transactions.

Constitution and By-laws of the American Pediatric Society.

The Dispensatory of the United States of America. By H. C. WOOD, M.D., LL.D., JOSEPH P. REMINGTON, Ph.M., F.C.S., and SAMUEL P. SADTLER, Ph.D., F.C.S. Sixteenth edition. Rearranged, thoroughly revised, and largely rewritten. With illustrations. Cloth, 8vo, pp. 2091. Philadelphia: J. B. Lippincott Company, 1888. Price, $7.

The first edition of this work was placed on the market in 1833 by Dr. George B. Wood and Franklin Bache, and the present edition is copyrighted by Dr. H. C. Wood, well known to all medical men for years. A description of the plan of the work does not seem demanded, from the fact that every physician is, or should be, acquainted with it from personal investigation, and our task will, therefore, be devoted to an investigation of the work done in the preparation of the present volume.

The only criticism of the work of Messrs. Remington and Sadtler is that they have not sufficiently pruned the text, the accumulations of a few years being quite sufficient to make an immense volume itself. Several hundred pages have been cut from the previous edition, but much of that which we find embodied in this one should be eliminated for the good of the book and the reputation of the compilers. From a historical point this would be bad policy, but it would be far more satisfactory to physicians, especially those who care nothing about exploded theories which have long ago been abandoned.

The portion of the work devolving upon Dr. Wood has been performed in a perfunctory manner in many instances, and largely in the interests of his own reputation. Although he was pleased to criticise Brunton for not including in his work all the latest remedies, we will excuse Dr. Wood for his sins of omission in this case, as such oversights as "stenocarpine" are not calculated to add to the lustre of an enthusiastic reformer's reputation. The reviewer has noted a number of omissions, but we are more interested in what he has said about those remedies with which we are all so well acquainted. Take corrosive sublimate, for example, page 771. The dose is given at from one-twelfth to one-eighth of a grain—a dose which appears unusually large, especially when in ordinary cases the same result can be obtained from one-fourth that amount. And that is the only advice on the subject. Nothing is said about its use hypodermically, nor is anything said about the use of hydrarg. cum creta, by Hutchinson, in place of corrosive sublimate in syphilis in doses of one grain three times daily. Our author advises us that calomel stimulates the secretory function of the liver, while, on the other hand, Bartholow says it acts as a sedative; but the probability is that neither of them have struck the trail, and that Dujardin-Beaumetz is more nearly correct than either. We should seriously object to the dose of calomel recommended to a child three or four years old. Two or three grains seems an enormous dose as a purge for an infant, and particularly so when one-fourth of a grain, given one-twentieth at a time, will accomplish the same result, and, moreover, leave the condition of the alimentary tract in far better shape than when the larger dose is given. The dose of Fowler's solution also seems unnecessarily large—five drops two or three times a day. We must bear in mind that each dose contains about one-twentieth of a grain of arsenious acid, and with many persons such a dose, if long continued, would work irreparable injury, as Americans are not possessed of the Styrian constitution. Of rhus toxicodendron there is nothing later than 1867, and from it we learn that this remedy is a dangerous and probably useless one—an opinion entirely at variance with the facts. To act as an offset to this, however, we find no less than seven pages devoted to sugar, and this seems to be a favorite method of equalizing what may be called the personal equation. Two and a-half pages are taken up with a study of "blue pill," but calcium sulphide has only three lines.

The dose of antifebrin—ten grains hourly until forty grains are taken—is entirely too large and unsafe, and when we consider that such doses are unnecessary it looks as if our author had been indulging a fancy which he severely condemns in others—that of speculative therapeutics, for these are certainly not bedside experiences. In giving the uses of antipyrin nothing is said of its great value in the treatment of heat fever—a plan highly recommended from practical experience by the authorities of the Pennsylvania Hospital. The subject was fully reported to the College of Physicians, of this city, in 1886, but the writer is of the opinion that Dr. Wood was not instrumental in having the method adopted; hence the conspicuousness of his silence on this occasion. But enough has been said. To make this work a first-class reference book the copyright should be placed in the hands of one who will take the time necessary to bring the information up to the times, and, what is more to the point, these suggestions should be of such a nature that the physician could rely upon them when in need of consultation. The publishers have done their work well,

but a future edition, the ideal Dispensatory of which we have spoken, ought to be a handsome quarto, and turning to its pages would be a luxury rather than, as now, a task to be avoided.

A Practical Treatise on Medical and Surgical Electricity. By GEORGE M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. 8vo, pp. xxx–758. New York: Wm. Wood & Co., 1888.

In a book of nearly a thousand pages, elegantly illustrated by two hundred cuts, comprising over one thousand figures of instruments and methods of using electricity in practice, the distinguished authors have brought up to date all that is worthy in this special line of therapeutics, and have given a manual not only exhaustive in completeness but indispensable to all conscientious physicians of any school. The work is not only the largest printed in any language, but it is the best in addition. Fault cannot be found with it in any respect, and as a specimen of writing, printing, and binding it is superb. Each branch is given full exposition, and the special "central" and "general" methods of application so efficient in disease of wide scope are particularly worthy of note.

The Vest Pocket Anatomist. (Founded upon "Gray.") By C. HENRI LEONARD, A.M., M.D. Fourteenth revised edition. One hundred and ninety-three illustrations. Cloth, 12mo, pp. 304. Price, $1. Illustrated Medical Journal Company, Publishers, Detroit, Mich.

When a work has reached the fourteenth edition the labors of the reviewer are merely perfunctory in character. Of this excellent work it may be noted that many improvements have been made—the page has been enlarged, one hundred pages have been added to the text, and much of the old matter has been rewritten, forming now a concise and comprehensive companion for both the student in the dissecting-room and the practitioner.

Medical Diagnosis. A Manual of Clinical Methods. By J. GRAHAM BROWN, M.D., Fellow of the Royal College of Physicians of Edinburgh. Cloth, 8vo, pp. 285. Second edition. Illustrated. New York: E. B. Treat. Price, $2.75.

The excellent work of Dr. Brown has now for several years been before the medical profession, and has been warmly received in England, in France, and in this country. Probably the title, "Clinical Diagnosis," would be a more appropriate one than that which has been selected. The reason for this suggestion will be apparent from a study of the contents of the book, which include practically everything demanded on the part of the practitioner at the bedside of the patient, and in each department the author seems to have anticipated fully the wants of his readers. We have no criticism to make upon this desirable manual, and our only fear is that its value may not be sufficiently appreciated on account of its utility being unknown, and we are therefore disposed to give its character the greatest publicity possible. As a guide to the advanced student and the recent graduate its value cannot be overestimated, and it is to be hoped that the publisher may succeed in bringing it within their reach so far as its merits entitle it to attention, as he has already done in the matter of price.

In a future edition of the work it is suggested that our author investigate the type of the respiratory movements in both men and women in health, and he will doubtless arrive at a different conclusion from that which he has offered us on page 140, where he advises us that in men the costo-abdominal type of breathing is that generally found, while the purely costal type is that found in women. Recent investigations go to show that this difference is mainly due to the method or style of dressing which prevails with the different sexes rather than an indication of the normal condition. Plates showing the tracings made in a large number of observations by Dr. Kellogg, of Battle Creek, Michigan, will be found in the volume of "Transactions of the Michigan State Medical Society" for 1888, all going to show that the costal type in women is almost entirely due to external agencies, the most perfect illustration being in the case of a young Scotch woman, who had never been hampered by corsets—a fact which will afford Dr. Brown an easy opportunity of deciding this question, having the subjects directly at his command.

The Medical Bulletin Visiting List; or, Physicians' Call Record. Arranged upon an original and convenient monthly and weekly plan for the daily recording of professional visits. Philadelphia and London: F. A. Davis, 1889.

The plan of this Call Record will recommend itself to physicians for the reason that the name of the patient is written but once each month, and spaces are arranged so that the footings of each week may be made up for the individual and for the gross amount of business, and these amounts, debits and credits, can be carried forward from month to month or posted to the ledger, as desired. The ease with which accounts may thus be kept makes it especially valuable where prompt settlements are demanded. In addition to this attractive feature it contains much information in regard to weights, measures, dosage, hypodermic medication, inhalations and nasal douches, poisons and their antidotes, and other items usually found in these books, but in no other, we believe, is there a table of fees. It is a happy combination.

COMMERCIAL NEWS.

Used for Wasting Diseases, Fevers, Chronic Diarrhœa, etc., etc.

Chicago, Ill., May 8, 1886.

Wells & Richardson Co.:

Gentlemen:—I have used your Lactated Food extensively in hospital practice and I have only praise for its usefulness. In the acute intestinal lesions of children, given alone or in combination, it has rendered me great service. I have given it for weeks to children brought here half starved and weak, and have seen them pick up rapidly. In wasting diseases of suppurative type it has sustained life when other foods could not be borne. It is a splendid food for typhoids, but its use extends to adults, where it is of great service in chronic diarrhœa, delirium tremens, carcinoma of stomach, etc. In the lying in wards it is now a daily want, and many babies have been brought up on it without the breast. Given with lime-water, it corrects acidity and flatulence and checks diarrhœa. Changing from other foods to this has in most cases proved beneficial in the children's ward. I consider it a valuable preparation and now use it in private practice. I cannot do without it in the summer months.

Very truly,

E. E. Babcock, M.D.,

Formerly House Surgeon and Physician,

Cook County Hospital, Chicago, Ill.

Free.

The unusually interesting advertisement of the Wells & Richardson Co., Burlington, Vt., which will be found on advertisement page 16, will doubtless be read with much interest by many of our subscribers, and more so from the fact that the Wells & Richardson Co. will send, free of any charge, beautiful pictures of this exceptionally fine lot of little ones to any physician writing for them, and, mentioning The Medical Bulletin, they will also send a full-size package of their "Lactated Food," without cost, to doctors wishing to test its merits who have not already done so.

A Michigan chiropodist is making a triumphal progress through that State as "William the Corn-curer."

Uterine Styptic.

John Adderley, M. D., Skibbereen, County Cork, Ireland, says: It gives me great pleasure to add my testimony to the great value of S. H. Kennedy's Extract of Pinus Canadensis, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hemorrhage, but also to produce a healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of Pinus Canadensis applied to the os uteri on cotton wool, and also used as a lotion, arrested the hemorrhage immediately, and the Aletris Cordial, which was taken internally, helped to invigorate the system and promote a cure which I had at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue the use of them in my practice, as I consider they gave most satisfactory results.

Principle Above Interest.

Mrs. Malaise—"Doctor, I beg you will not deceive me about my case. Believe me, I am prepared to hear the worst."

Dr. Bismuth—"Well, then, madame, frankly—there is nothing the matter with you whatever. You should try some other scheme besides ill-health to make yourself interesting."—*Puck.*

Electro-Allotropic Physiology.

The well-known firm, Jerome Kidder Manufacturing Co., 820 Broadway, New York, have just issued a very useful volume of over one hundred pages, entitled "Researches in Electro-Allotropic Physiology: Uses of Different Qualities of Electricity to Cure Disease." This little book contains many valuable hints, principally the work of Dr. Jerome Kidder. In addition are many articles culled from the vast field of periodical medical literature, giving specific directions for the application of this remarkable curative agent. It will be sent free of charge to any physician sending his address and mentioning The Medical Bulletin.